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by

Barbara Jane Sterk

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To my family,

John, Darryl and Lindsay,

for loving me

To my father,

Herbert Thomas Coutts,

for his encouragement

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Abstract

The study reported in this thesis investigated the impact of family therapy on family interaction patterns. Ten-minute samples of family interaction were collected prior to family counselling, upon termination of the counselling and at a follow-up session after a three-month interval. At the designated points, parents completed an abbreviated version of the *Marital Pre-Counseling Inventory* (Stuart and Stuart, 1972) and children responded to the *Bene Anthony Family Relations Test* (Bene and Anthony, 1957).

Detailed analyses of the samples of family interaction were performed for six of the ten families who participated in the research. Based on her observation of modification in the ten family systems, the researcher selected for interactional analyses two families showing marked improvement, two observed to be somewhat improved and two who appeared to have continued dysfunction at termination. The interaction was analyzed by the researcher and two trained raters in two ways. On thirteen dimensions, the *Beavers-Timberlawn Family Evaluation Scale* (Lewis, 1976) was used to determine the status of the family system, using the complete ten minute sample of interaction. The *Riskin-Faunce Family Interaction Scales* (Riskin and Faunce, 1969) scored each speech in a five-minute subsample of the interaction on six variables.

The results were presented descriptively as case reports. For the six families, the case reports discussed change in interaction which was observed on the two scoring systems. This information was augmented by the results of the individual measures and a summary of the counselling process from the perspectives of the parents, the therapist and the researcher. Case reports on the remaining four families described the results from the latter two sources of information.

The results indicated that for five of the six families analyzed in this way, the interaction patterns were modified in the direction of improved family functioning. For these families, family therapy was seen to have a positive impact.

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I. INTRODUCTION

Family therapy is a complex process which seeks to alter family functioning in a positive direction. The family unit that seeks therapy is typically experiencing a problem, or problems for which its characteristic means of problem solving is failing. The problem is focussed frequently on the behavior of one member or the interaction between two members. The attention of the family towards the individual or the dyad has created a tension which the family experiences as a threat to its continued operation.

The family therapist helps the family identify the problem, the failed solutions and the way it would prefer to be. The therapist then mobilizes the resources of the family towards that end. In so doing, the therapist seeks to alter the current problem-oriented family interactional process and to establish a more effective means of handling the day-to-day issues of family living.

The medium through which the therapist works overtly to modify the family interaction patterns is verbal communication. One indication of the quality or effectiveness with which a particular family unit functions is the patterns of verbal communication amongst family members. An analysis of the family interaction would produce information by which dysfunction and improved functioning could be identified.

As they are applied to the discussion of families in this thesis, *functional* and *dysfunctional* convey a qualitative judgment about the effectiveness with which a family manages all aspects of daily living. A functional family unit would be characterized by the following:

1. a clear generational boundary between the parents and the children;
2. leadership, provided by and shared between the father and mother, which acknowledges and values the input of all family members;
3. warmth, caring and closeness amongst family members;
4. respect for the individuality, uniqueness and individual ego boundaries of each person;
5. an effective process of solving problems, both on-going and ones which develop in crisis;
6. an acceptance of responsibility for his or her actions by each family member;
7. a belief in the ability of each person to present thoughts and feelings and a value placed on his or her doing so;
8. a norm of listening to, understanding, acknowledging and attempting to incorporate appropriately the ideas of each person in decisions that are made;
9. the encouragement of direct and healthy expression of a wide range of feelings;
10. open displays of affection amongst members;
11. an appreciation for and use of humor by the family;
12. the willingness to voice disagreement, process conflict and resolve differences as they occur;

13. sensitivity to and responsiveness to the feelings of individual family members (Lewis, Beavers, Gossitt and Phillips, 1976).

Together these qualities produce an environment which encourages the healthy emotional (and probably physical) development of all members, particularly the children. Inadequacies on any of the above dimensions will impair the efficiency with which a family functions. A dysfunctional family system would be unable to provide most or all of these conditions. As a result, it could contribute to the development of psychopathology in its members. Optimal functioning and dysfunctioning provide definitionally opposite ends of a continuum on which families can be placed according to a qualitative assessment of their functioning.

A. The Problem and Its Setting

The purpose of this study was to assess the impact that family therapy has on the interaction patterns of families who have participated in the process. The study makes two key assumptions on which the practice of family systems therapy is based. The first assumption is that a family experiencing difficulty displays its distress in the behavior of its members. The most available and useful sample of family behavior is found in the communication pattern of the family. The second assumption is that family therapy alters the family system in such a way that problematic behavioral patterns are no longer needed. The family then displays more functional interaction.

The Major Research Problem

This research analyzes the interactional patterns of a select number of families who engaged in family therapy. The purpose of the analysis was to determine whether change occurred in the way in which family members interacted on an assigned task and to observe whether any identified change was in the direction of improved family functioning. A ten-minute sample of family interaction was collected during the hour prior to the first family counselling session, after family therapy was completed, and, where possible, after a three-month interval. The time period that passed between the termination of family therapy and the collection of the latter two samples of family interaction varied from family to family and is discussed below in relation to each family. Using accurate transcripts and audio recordings of the family interaction on the assigned task, the researcher and two trained raters analyzed the communication. The family's functioning on the whole task was assessed using the *Beavers-Timberlawn Family Evaluation Scale* (Appendix A). The five-minute segment from minute two and one-half to minute seven and one-half was subjected to detailed micro-analysis of each speech using the *Riskin-Faunce Family Interaction Scales*, a summary of which appears in Appendix B.

The Sub-Problems

The First Sub-Problem:

The first sub-problem was to assess whether the perspectives of individual family members toward each other changed as a result of family therapy. At the three points mentioned above, each family member was asked to complete an assessment of the family. The parents completed an abbreviated version of the *Marital Pre-Counseling Inventory* (Stuart and Stuart, 1972). Children were assessed using the *Bene Anthony Family Relations Test* (Bene and Anthony, 1957). To youngsters aged five through fifteen, the test was administered individually by the researcher or by an informed assistant. The assistants used were psychologists, advanced counselling practicum students, or nurses. All had the ability to establish rapport with children. Children five and six years old were give the *Form for Young Children* of the *Bene Anthony Family Relations Test*, while those seven to fifteen used the *Form for Older Children*. Because a questionnaire format was more appropriate, family members who were sixteen and older were given a questionnaire version of the *Form for Older Children* of the *Bene Anthony Family Relations Test*. For all three categories of children, the test items were presented in random order and were assigned by the child to a particular family member, several family members, or, if not appropriate to anyone in the family, to "nobody." The statements found in both versions of the test used are listed in Appendix D.

The Second Sub-Problem:

The second sub-problem was to determine whether the therapeutic process specific to each family studied would produce information about those interventions which appeared productive in promoting change in family interaction. The perspectives of the parents, the therapist and the researcher on the on-going process were collected for each therapy session. At the end of each family counselling session, parents individually completed the *Client Counselling Session Report* (Appendix H). The therapist kept case notes on each session. Based on an audio tape recording of a counselling session, the researcher prepared a running commentary, a summary, as well as general impressions of the session (example in Appendix J). The perspectives acquired in this way were summarized for the total therapeutic relationship and were then supplemented by interview data from the family members and the therapists. The interview agendas used with the families and the therapists are found in Appendices G and F respectively.

B. The Study Participants

The study reported below collected data on fourteen families. These families contained two parents and one or more children, the youngest of whom was at least five years of age. Ten of the families requested and received family counselling at the Family Counselling Service of the Mental Division of the Edmonton Local Board of Health. The remaining four families were not in treatment and volunteered to serve as part of a comparison group.

There were two participating therapists, each of whom counselled five families. Therapist A is a psychologist with a Ph.D. in Educational Psychology and she has been practicing family counselling on a two-day per week basis for six years. Therapist B is a psychologist with an M.Ed. in Educational Psychology who has been counselling families on a three-day per week basis for six years.

Because of the enormous quantity of data that were accumulated and the overwhelming amount of time required to analyze the interaction, a subset of six treatment families was selected for detailed analysis. Based on the subjective clinical judgment of the researcher, the families were rank-ordered according to outcome, from most to least successful. This judgment was complemented by the assessment of outcome of each family by the therapist and by the degree of satisfaction of the family with the outcome. Using these criteria, three groups emerged. Two families with marked improvement in family functioning comprised the most successful group. Two families with continued observable dysfunction formed the least successful group. The remaining six families showed moderate improvement. The two most improved, the two least improved and two from the moderately improved group were subjected to detailed study using the *Beavers-Timberlawn Family Evaluation Scale* and the *Riskin-Faunce Family Interaction Scales*. The researcher decided that the sensitivity with which these instruments would assess change could be judged using this sub-set of families. The six families thus analyzed in-depth included three served by each of the two participating therapists.

The remaining four treatment families, while not subjected to such rigorous interactional analysis, are, however, also described. Using the individual data and the assessments of the therapeutic process by the researcher, the therapist and the parents, observations about the outcome and its expected impact on interaction are made.

The interaction samples of the four normal families were not analyzed.

C. The Limitations of the Study

This study is essentially a descriptive account of the journey of the ten participating families through family therapy and the effect that this seems to have made on the way they talked together. Data from a variety of perspectives contribute to an understanding of the therapeutic outcome for each family examined. As well, participant and non-participant observations provide information about the process of family therapy with the ten families involved. While comments are made about commonalities in the impact of family therapy on the participant families, the major strength of the study lies in its description of the therapeutic process and the outcome on a case-by-case basis.

This study, then, is limited in the following ways:

1. the research does not assess the outcome of family therapy in general;
2. since both therapists were asked to conduct the therapy as they would have normally, the study does not assess the impact of a particular therapeutic program.

D. Assumptions

The following assumptions underlie the research in the present study:

1. A ten-minute sample of family interactive behavior will present evidence of the interaction pattern of a given family that will approximate its norm;
2. The *Riskin-Faunce Family Interaction Scales* and the *Beavers-Timberlawn Family Evaluation Scale* do assess that interaction. Both are based on family systems theory and have been determined to differentiate amongst family groups, from dysfunctional to functional,

3. Changes in interaction patterns suggest a change in the way the family system functions.
4. Changes in family interaction can be attributed, partially at least, to the therapeutic process.

E. The Significance of the Study

A debate occurs continually concerning what constitutes adequate research into the effectiveness of family therapy. In some ways, this debate is premature. To date, with the exception of some behavioral therapy studies researching specific symptoms such as anorexia nervosa or enuresis and using symptom removal to indicate success, the experimental method has failed to contribute substantially to an understanding of change in family systems. Each family presents itself uniquely. Even with a similar symptom, the historical background, the current context and the family constellation of a family is required for even partial understanding of its functioning. In quite similar fashion, the assessment by the family of its satisfaction with therapy, while judged frequently as unreliable, is an important, albeit insufficient, piece of information.

At the moment, it seems important that research designs that address and allow for the complexity of both family dynamics and the therapeutic process be used. The present study was an attempt to do this. It supplements the data provided by the participants, the therapist and the family members, with that of a nonparticipant observer knowledgeable in the area. Samples of family interaction were collected separate from the therapeutic session by having families interact without the therapist or researcher present. Using audio recordings and accurate transcripts, trained raters and the researcher provide a picture of what that interaction means. Finally, by using reliable individual measures with each family member, it moves away somewhat from simple satisfaction measures.

The major contribution of the study will be the information it provides to therapists concerning their therapeutic impact. It will also be useful in identifying ways that the Family Counselling Service can continue to help families. Beyond these particular uses, the research should contribute information about the difficulties to be encountered in measuring, in a meaningful way, family interaction. Finally, the ten cases add ten more descriptions to what is already known. At this stage in the development of family therapy, with the current inadequate and insufficient understanding of change in family systems, an exploratory study of this nature can enhance knowledge.

F. The Plan of the Report

This chapter has included the problems investigated in the present study, the way in which the cases were selected for examination, the limitations of the study, the assumptions on which it is based and the significance of the research. Chapter two will review the related literature. The information provided there will include the theoretical understanding of family systems, the process of change promoted by family systems therapy and the related research which supports the particular intent of this study. Chapter three will describe in detail the methodology used in this research. Chapter four will present descriptions of the six families on which the data were subjected to detailed analysis, with more general summaries of the remaining four families who participated in the project. Each of these descriptions will be presented as a case report. Chapter five will discuss the findings. Chapter six will summarize the information and make recommendations.

II. REVIEW OF THE RELATED LITERATURE

The study described in this thesis evolved out of the author's interest and current career involvement in family therapy. The intent of the study was to learn more about the impact of family counselling on ten families who engaged in the process. The researcher chose to assess that impact by observing patterns of family interaction as they were presented in a ten-minute family discussion of a topic assigned by the researcher. The decision to use family interaction as the variable of interest related to an understanding of family systems theory and a perusal of other research into the effect of family therapy. In this chapter, the author will review the literature related to these two topics. The first part of the chapter will discuss the conceptual and philosophical bases underlying the decision to assess the impact of family therapy in the way it was done in the present research. The second section of the chapter will describe the research which has been done in the area of family therapy. The researcher will provide support for the research question and the design of the present study.

A. The Conceptual Basis for Studying the Family

Context of Family Living - Family Dynamics

> Marriage comes of age in crisis and
> matures in Creative Turmoil. (Barnett, 1981, p. 6)

Marriage is a contractual relationship between two people. The marital relationship and the family unit which it creates is designed to allow for personal growth and progressive intimacy. Born in fantasy and excitement, it is founded on a belief in the future. Idealized myths about family harmony, romantic love and the good parent often mask the real pain, tension, compromise and hard work required to maintain and develop the family unit.

Like individual development, family growth includes crises, the resolution of which contributes to the ongoing health of the system. Initially, we idealize our mates to an extent that they become the centre of fantasy. The initial period of marriage sees a slow demythologizing of the spouse followed by a crisis which develops upon realizing that the mate we have is not the mate we had believed him to be. This crisis presents an opportunity to create a relationship founded on the realistic possibilities of the individuals involved (Barnett, 1981).

The family is a complex organization involving at least two generations and directly or indirectly three. It is created from a marital dyadic relationship and that determines its quality.

When two individuals come together to form a couple, they bring with them the ingredients necessary to create a unique family system. This is also a system which is similar enough to the systems of the families in which they developed to allow each to maintain familiar ways of coping or behaving. Theorists see this process in a number of different ways. To conceptualize the process, Bowen (1978) talks of an undifferentiated family ego mass as characteristic of each family; i.e. each family is likened to a single ego. Each family varies in the degree to which members have achieved differentiation of self from the ego mass. The *level* of differentiation of each individual spouse is identical at marriage. The lower the level of differentiation the more fused the ego boundaries of the dyad become. Bowen sees more likelihood of success in facilitating lasting change with families where the individual spouses have achieved higher levels of differentiation. For dysfunction to exist in one part of the family there must be an equal degree of overfunctioning in another part. Simply removing the symptom will not solve the problem. Only when the role of the overfunctioning parts in contributing to the development and maintenance of the symptoms in the dysfunctioning part is appreciated, is there a chance for lasting change.

Boszormenyi-Nagy and Spark (1973) believe that the script for the unique system that develops is grounded in genetic and historical relatedness. Each partner injects into the relationship the programming of his formative development. Based on this development, people unconsciously select mates to complement their internalized patterns. Skynner (1976) sees this process as creating a mirror image of family constellations in the respective families of origin. Curiously, despite differences in development, spouses share frequently similar early life experiences. These lead to similarities in internalized models and to similar patterns in the non-verbal communication system, an implicit means of control in a system. Framo (1976) could be said to summarize the thinking of these dynamically oriented theorists. He says that when things don't make sense to a child, or are threatening, the child will internalize aspects of the loved-hated parents to create idealized images. As the individual develops, he or she will attempt to modify the environment to fit his own internal reality..

> Active, unconscious attempts are made to force and change close relationships into fitting the internal role models. Mate selections are made with exquisite accuracy and unconscious deals are made - e.g. "I will be your conscience if you will act out my impulses". (p. 194)

Into this forum the first child is born. The family is redefined. Each subsequent addition requires the development and extension of the family definition. Family members become part of, and unavoidably committed to, the family definition.

In families, change is inevitable. Besides the addition of children, the developmental stage of children requires system adjustment (Satir, 1971). The child, starting life in symbiotic relationship with his mother, begins the process of separation and individuation. The aging of the family members, children and parents, contributes to the developmental stages of family living. The healthy development of all individuals and particularly children is dependent on the family structure and functioning (Solnit, 1980).

Like change, conflict is inherent in marital and family relationships. Effective family life requires the ability to process conflict, dilemma and unfairness. Paradoxically, change and conflict can occur best in families with structure, predictability and flexibility. Carroll (1969) describes this:

> steady state, or dynamic equilibrium, is a condition of rest or equilibrium, in a dynamic system, caused by the interaction of forces which balance each other out. In a steady state, the variables under consideration remain within defined limits. With change they move outside these limits. (p. 457)

Epstein, Bishop and Levin (1978) suggest that several qualities contribute to the effectiveness of family functioning. Families must be able to solve both instrumental and affective problems to a level that maintains family functioning. Families must be able to exchange information through communication. Communication lies on two continua: clear *versus* masked and direct *versus* indirect. Clear and direct communication is characteristic of healthier family functioning. Roles must be fulfilled in families. The roles involved are nurturance and support, sexual gratification in the marital dyad, life skills development and maintenance and management of the system. A family requires that its members have emotional involvement with each other. Affective responsiveness, the ability to respond to a range of stimuli appropriately in terms of emotional quality and quantity, is a characteristic of well functioning families. Finally, families develop behavioral control mechanisms which govern the standard and latitude of member behavior.

The present study is founded on a belief that each family is unique. As the literature discussed above suggests, a particular family's uniqueness is a product of many factors. These factors include the predispositions and learned behaviors which individual spouses bring from their separate development as children and the patterns that are created in their interaction with one another. Much of what becomes the style or norm of the specific family's interaction evolves unconsciously. The effectiveness with which a particular family functions is a result of its current and its historical development. Thus, the way that a family behaves at any given moment in time is founded in experience and is a logical response to that experience.

Families are designed to provide nurture and safety so that their members can develop, to as large an extent as possible, all of their potential. The fact that some families are unable to provide these conditions is to an extent the consequence of inadequacies in each spouse's development. Dysfunction and impaired family functioning, while never intended, exist. For a family to acquire sufficient experiences for it to improve its effectiveness, its uniqueness must be appreciated and needed skills and resources mobilized. It is this author's conviction that family therapy must match a family's uniqueness. She also believes that, with counselling, families can and do change toward healthier functioning. Decisions about the number of counselling sessions and the particular therapeutic interventions need to be made specific to the family in therapy. In the study discussed below, neither the number of sessions nor the kind of intervention was prescribed. Instead, the participating therapists were asked to counsel the families as they would normally have done. The intent of the research was to observe the impact of family counselling on a case-by-case basis.

Family Systems Theory

Conceptualizing the family as a system is a metaphorical application of general systems theory to the family as an organic entity. General systems theory provides a conceptual framework with which one can view the integrity of things (von Bertalanffy, 1969). This preservation of integrity enhances the information produced by allowing for more complex and complete understanding of phenomena and entities. The organization of the system is an aggregate of characteristics different from and not found in the characteristics alone (Buckley, 1967).

Von Bertalanffy (1966, 1968, 1969) set a precedent for psychology by applying general systems theory to psychopathology. The person and personality are seen as a dynamic order of parts and processes. Psychopathology is the consequence of system impairment and disturbance.

The power of applying systems theory to individuals and social entities such as the family lies in both the quantity and the quality of information produced. This is aptly described by Buckley (1967):

> attention must finally be paid to the interactions generated by the rules, seen only as limiting frameworks of action; to the new information, meanings, and revised rules generated by interaction; and to the more or less temporary social products that represent the current state or structure of the on-going process. (p. 62)

Conceptualizing the family as a system is an orientation which developed out of what Boszormenyi-Nagy and Spark (1973) describe as the logic of empirical observation. In other words, therapists who worked with the family found that the family functioned as a system. The power of this way of conceptualizing family dynamics lies in the ability to describe the present functioning of the family unit and its historical development as well as the process of change. Indeed, systemic thinking can prescribe the direction of change.

Typically, systems are described as open or closed. In terms of family systems theory, a potentially more useful categorization has been offered by Hill (1974). He allows for three types of systems: equilibral; homeostatic; and complex adaptive. Equilibral systems are closed systems which use internal energy supplies for their operation. As this energy is consumed and not replaced by the input of external energy, the system moves toward disorder and disorganization, a condition called entropy. Homeostatic systems are open-negentrophic systems with moderate external energy supplies. The main characteristic of these systems is the emphasis on the maintenance of structure within pre-established limits, a condition called homeostasis. Complex-adaptive systems are also open-negentrophic systems. This type of system is differentiated from the homeostatic system through its tendency toward change, adaptation and greater complexity by maximal use of energy. This condition is called negentrophy and allows the system to maintain yet expand its boundaries. In research that studied the broad spectrum of family functioning, Lewis *et al*, (1976) found that families could be grouped according to their systemic characteristics. Dysfunctional families presented themselves with entrophic systems (equilibral in Hill's description); normal, average or mid-range families had homeostatic systems; and unusually healthy or well functioning families had negentrophic systems (Hill's complex adaptive category). Healthy family systems function optimally and are purposive, goal oriented, task performing and adapting.

While semantic variations exist in descriptions of the family system, there are commonalities in the variables that are deemed important. The system is *an entity of interactive parts* (family members) which is different from and more than the sum of its parts (Jackson, 1965; Miller and Miller, 1980; Paul, 1969). Even if it were possible to understand completely each individual family member, the unique system that emerges as they interact could not be discerned from such observation. As well, the continued functioning of the family unit is not dependent on the presence of all members. Individual members, in other words, can be added or subtracted without threatening the basic integrity of the system itself (Watzlawick, Weakland & Fisch, 1974).

Ackerman (1966) describes the family as an organic whole, while Napier and Whitaker (1978) see it as having organized integrity. Each family unit is a unique organization which has the capacity to adapt and change as required for its developmental phase.

The family has *structure* which allows for its arrangement in space and across time (Miller and Miller, 1980). The structure is hierarchical with the parental subsystem providing the executive function (Minuchin, Montalvo, Gurney & Rosman, 1967).

The relationships amongst family members are predictable, governed by implicit *rules*. These rules are unstated and unconscious to the family members and they create redundancy and repetitive patterns in the family unit. This process allows for the smooth functioning of the family unit (Boszormenyi-Nagy & Spark, 1973; Haley, 1976; Jackson, 1965; & Watzlawick *et al*, 1974).

Family systems are surrounded by a *boundary*. The boundary establishes and maintains the territory the family inhabits (Kantor & Lehr, 1976). The boundary which surrounds the system is designed to be both permeable and limiting, so that members can interact with the larger, smaller, and sub-sytems of which the family is a part and so that people or things outside the system can interact with the system and its members individually, collectively, or in some family combination.

The quality of the boundary that develops around the system will govern the structures that are generated within that system. If the boundary is either too rigid or too flexible, the system will increase in disorder. In other words, a dynamic, appropriate and sufficient amount of tension must characterize the boundary in order for the system to be open, adaptive and tolerant of change (Beavers, 1977).

The family is an *information processing* system. Information processing and feedback allow the system to increase in order, patterning and complexity, a requirement of healthy growth.

The family system is dynamic, changing to meet the realities of its constant forward movement in time and space. It must adapt continually by "maintaining enough stability for coherent identity while making accommodations to a changing world" (Beavers, 1978, p. 25). Watzlawick *et al* (1974) describe this as the paradox of persistence and change.

The present research was designed to make a qualitative assessment of the functioning of a family system at various specified points in the therapy process. To make such an assessment, it is useful to observe the variables detailed above. Samples of family interaction can produce information about these variables. The two scales used to analyze family interaction in the research reported in this thesis were selected because previous research found they could provide information about the variables characteristic of family systems (Lewis *et al*, 1976; Riskin and Faunce, 1970a and 1970b).

Why Family Therapy?

> The so-called neurotic only behaves *differently* from a so-called normal person because he is

> reacting to a different situation. Similarly, the behaviour of a *psychotic* becomes more comprehensible the moment that his *psychotic* situation is taken into account. (Palazzoli, 1978, p. 193-194)

Extreme? Possibly. But this quote exemplifies the thinking of family therapists, a type of thinking which Haley (1971) aptly describes as a radical change from the traditional clinical focus. A fundamental belief of systemic thinking is that the phenomenon or disturbance goes unexplained and cannot be understood except within the family context (Ackerman, 1961; Watzlawick, Beavin & Jackson, 1967). Bowen (1971) believes that many facets of the phenomenon are only observable within the family. Minuchin, Baker, Rosman, Liebman, Milman & Todd (1975) state that the family organization encourages the development of the symptom in the individual. They describe the kinds of family organizations which contribute to the development of particular symptoms. Jackson (1969) says that the disturbance is evident in the present observable process in which the family is engaged.

The family communication pattern is the medium through which the characteristics of the family system become observable. Watzlawick *et al* (1967) describe communication as having three properties: syntactics, the means (codes, channels, etc.) by which information is transmitted; semantics, the shared meaning of message symbols; and, pragmatics, the way communication affects behavior. There is lawfulness inherent in the sequence of events or symbols. Communication conveys information and imposes behavior. The interaction patterns perpetuate the system. In turn these patterns reinforce and maintain disturbance.

Family therapy intervenes to change the interactive process. Haley (1971) works to change the communication sequence. Watzlawick *et al* (1967) call this changing the punctuation of communication. Small shifts in communication can create dramatic shifts in the feeling system (Bowen, 1971).

The important difference between family therapy and other treatments is its inherent definition of the symptom as adaptive. The system functions in such a way that each member is assured a position and that the system can continue. In seeing symptoms and events as adaptive and appropriate to the context or in terms of their positive intent, no matter how disturbed they may appear superficially, family therapy attends to the strengths and resources in the family. The therapist must then find a way to use these strengths functionally as opposed to dysfunctionally. In so doing, family therapy mobilizes the healing power of a family by shifting the emotional interchange (Ackerman, 1972; Ebert, 1978).

The present study was an attempt to measure the extent to which the family interactive process was modified in the ten participant families as a result of family therapy.

Comparing the analyses of samples of family interaction collected prior to family counselling and after the therapy was completed provided data about the type and direction of any alterations in that interaction.

History of the Family Therapy Movement

Family therapy is a treatment modality practised by a variety of professional fields of which psychiatry, psychology and social work are most influential. It is an outgrowth of the work of individual clinicians who discovered independently that severely disturbed individuals could be treated more effectively through family intervention.

The shift to the family as a psychological unit of study and intervention is of relatively recent historical development. This is not surprising since by definition, psychology values the individual and social psychology, which has an interest in the individual in context, alludes only in passing to the importance of the family as it explores the broader impact of society *on* the individual.

Because it grew out of the treatment of individual psychopathology, an unfortunate connotation--that of the family as creator of pathology--has developed (Charny, 1980). Only recently has there been a trend toward the study of the broad spectrum of family functioning from healthy to unhealthy.

In any event, the study of the family and of the process of family therapy is of importance in increasing our knowledge about family functioning. While the fit with psychology is uncomfortable, awkward and tentative, we know intuitively that the individual is woven into the fabric of human systems of which the family is one of the most significant. The family is a forum for understanding.

Family therapy developed in the early 1950's. There were several antecedents to its development. The child guidance movement, which grew out of G. Stanley Hall's interest in childhood and adolescence, originally centered on the mother and the child. Sigmund Freud, Alfred Adler, Arnold Meyer and Harry Stack Sullivan, to various degrees, theorized and worked with people from an interrelationship framework. Despite these historical developments, however, the growth of family therapy was situation specific.

Remarkably, the birth of family therapy as a separate treatment modality came out of the work of several clinicians working independently with young, hospitalized schizophrenics. Recidivism was high. Much of the success that was achieved in the hospital setting seemed to be erased in a visit from the patient's mother or upon the patient returning to his family. The clinicians found that little lasting change could be achieved unless the patient was isolated from family contact, a relatively unrealistic prospect in the long term. Therapists began bringing into the treatment situation the mothers and ultimately the families of these young patients. This occurrence produced information about family dynamics which seemed to encourage the maintenance of schizophrenia and which made the symptom understandable. Therapists, in other words, began to see the symptom as functional to the maintenance of the family unit. In order that the symptom be alleviated and symptom removal maintained, some change needed to occur in the dynamics of the family.

Because its development was evolutionary, family therapy in its early years was vague with respect to principles. It was essentially an act of clinical faith reinforced by clinical experience and success. Its techniques and understandings developed in practice. Most of its founders came from individual clinical backgrounds and many were psychoanalytically trained. Not surprisingly, the energy and learning required by this dramatic shift, left little time for theory building, a condition that Bowen (1976) describes as a healthy unstructured state of chaos.

While in this early period there was little collaboration amongst practitioners of family therapy, 1950 did see the establishment of a *Committee on the Family of the Group for the Advancement of Psychiatry* by the Menninger Foundation and by 1957 there were family sections at the professional meetings of the American Association of Orthopsychiatry and of the American Psychiatric Association. As well, Ackerman began to write about family dynamics and family therapy, becoming the leader in a trend which continued through the 1960's as people began to write, describing what they did in their work with families. These early writings moved the field toward an interest in theory and structure. Since 1970 there has been increasing theoretical sophistication accompanied by an interest in research (Olson, 1976).

Since it developed out of the work of individuals, family therapy is not a homogeneous field. Each individual attracted others, creating pockets of activity from which several orientations have developed. Presently there are three separate traditions: psychoanalytic, behavioristic, and systems (Prochasha & Prochasha, 1978). Family systems therapy, the subject of this thesis, has many variations which are grouped loosely together because they conceptualize the family as a system. The techniques, the description of family dynamics and the theoretical underpinnings for what the therapist does vary considerably from therapist to therapist.

The same is true of the two therapists who counselled the families involved in the present study. Each has a unique style and each conceptualizes differently what she does. In many ways, the therapists at the Family Counselling Service have relied on their intuitive sense and on their observations that family therapy helps effect modification in family systems in a positive direction. The present research was a more objective way of identifying what impact family counselling could have on a family.

The Process of Family Systems Therapy

Family therapy is a complex treatment modality aimed at intervening in and changing the functioning of a family system. Despite the fact that families typically enter therapy because of the symptoms of one member, the *client* is the family system, not the symptomatic individual. The symptom threatens the family unit in some way.

While some therapists would treat the individual, a growing number of therapists see a myriad of influences as contributing to individual psychopathology. A family therapist believes that the family is central to the development and maintenance of the symptom; and for the individual to change and maintain change, a change in the system is necessary. In addition, an individual's symptom is symptomatic of something that is dysfunctional in the family system, rather than a problem of the individual alone. Satir (1971) describes the symptom as a report about the person, the family and the family rules. Napier and Whitaker (1978) state that "whatever the presenting problem, it is very disturbing for the family to find their entire structure involved *and to discover that they are all in some measure responsible for their problems*" (p. 57).

Family systems therapists work toward one of the following goals: shifting the balance among the family relationships, changing the structure of the family system, or altering the rules governing the family system.

Boszormenyi-Nagy and Spark (1973) believe the thrust of therapy to be the rebalancing of relationships. Similarly, Zuk (1971) shifts the balance of pathogenic relating among members using the conflict this creates to provide the energy required to change the system. For Framo (1965), the symptom is a logical adaptation to the family rules. Family therapy, initially, works toward identifying the problem, restoring the balance that existed prior to the symptom developing.Therapy then works to change the rules that necessitated the symptom. In this way family counselling ensures that the integrity of the system shall be maintained.

Those who work to alter the *structure* of the family system include Wynne, Skynner, Whitaker and Minuchin. The therapist uncovers the structure, tone and patterns in the family and works to restructure the family relationships (Napier & Whitaker, 1978). As Napier and Whitaker (1978) state:

> It doesn't matter who has the presenting problem or what the problem is...The 'symptom' is merely a front for the family's larger stress. The greater therapeutic power lies in tackling the binds, conflicts, misperceptions, inequalities and hungers in this most intimate of groups. (p. 271)

Others choose to change the rules that govern the family structure (Haley, 1976; Satir, 1971; Palazzoli, Boscolo, Cecchin & Prata, 1980; Sluzki, 1978; Watzlawick *et al*, 1974). This is done in a variety of ways. Watzlawick *et al* (1974) shift the rules by changing and redefining communication patterns. Haley (1976) works toward changing the repeating acts of the self-regulating system, hopefully toward greater diversity. Sluzki (1978), Watzlawick *et al* (1974) and Palazzoli, Boscolo, Cecchin and Prata (1970) render the symptom unnecessary by redefining it as functional and prescribing its continuence. Palazzoli *et al* (1980) alter the rules by having one member comment on the relationship of two other family members. The interactional rules shift creating role restructuring and an altered conception of reality.

Despite the fact that interventions are made at the systems level, the therapist must be committed to helping every member of the family (Boszormenyi-Nagy & Spark, 1973). As Bandler, Grinder and Satir (1976) state "The basis of the art of family therapy is the therapist's ability to integrate the independent growth needs of each family member with the integrity of the family system" (p. 16).

Even with commitment and conviction, the family therapist is faced with difficulties requiring creativity and skill. Boszormenyi-Nagy and Spark (1973) suggest that only after one or two years do therapists learn to work with the system as one entity rather than as a summation of individual dynamics. Haley (1970) states that a qualitative shift in the treatment style of family therapists occurs only after they have seen two hundred or more families. Such skill is necessary because, despite the fact that families desire change, all members have an investment in keeping the system as it is. As Wynne (1965) states: "Families have a staggering capacity to remain the same" (p. 321).

The premise of the study reported in this dissertation was that whatever the particular orientation of a therapist, change should be evident in differences in family interaction. The research was not an attempt to compare the two therapeutic styles or goals, and it does not do so. Both participating therapists are experienced family therapists who have been practicing family therapy on a part-time basis five or more years. Each meets the two hundred family minimum.

B. The Related Research

The Effect of Psychotherapy

There seems to be a continuing debate concerning whether psychotherapy is effective. This is coupled with an implication that it is not sufficient to stop at client satisfaction. We must find quantifiable proof of the effectiveness of therapy. The realistic possibilities of doing so seem limited. Therapy generally occurs over a period of time. It takes place within the context of daily living and is only one of a large number of ongoing and unique experiences which take place over time. In addition, the relationship that develops between therapist and client is unique, dependent on the characteristics of the two, their individual expectations and any number of subtle contextual and situational factors. Clients come to therapy wanting change, but resisting it as well. The skillfulness with which the therapist effects change in view of this resistance varies with each client. It is not a simple case of success or non-success, but rather to what extent, with which client, in what context.

Why then attempt to measure or evaluate psychotherapy? The reasons vary. First, people have constantly turned and continue to turn to others for psychological help. Second, many of these people leave a therapeutic relationship feeling a greater sense of competence in handling their lives (Strupp, Wallach & Wogan, 1964). Third, some therapists tend to achieve successful outcomes with more people and with greater frequency than do other therapists. Fourth, to achieve excellence, a therapist needs to know what works, with which client, in what situation. Fifth, research results can expand the possibilities for therapeutic effectiveness and creativity for the therapist. In so doing, successful outcome for the client is more likely.

What do we know? We know that the therapist is important (Shapiro & Budman, 1973; Strupp, 1973; Strupp et al, 1964). Clients report that having the therapist's respect is important (Strupp et al, 1964). In their study Kamin and Caughlin (1963) found that all clients who were rated *improved* had a positive attitude toward their therapist whereas only one rated *not improved* held such an attitude.

Successful clients tend to be of higher socio-economic status and to have more years of schooling than less successful clients (Bailey, Warshaw & Eichler, 1959; Frank, Gleedman, Imber, Nash & Stone, 1957; Kamin & Caughlin, 1963). The length of stay in therapy also correlates with outcome (Bailey et al, 1959; Johnson, 1965; Kamin & Caughlin, 1963).

Importantly, it appears that there is substantial consensus between therapists and clients as to the important aspects of the therapeutic experience (Hill, 1969; Orlinsky & Howard, 1967; Strupp *et al*, 1964). In other words, the perspectives of both participants, the therapist and the client provide valuable insight about the benefit which the client derives from the therapeutic process.

The present research augmented interactional data with participants' observations of the process. Parents from the treatment families evaluated each counselling session. The therapist kept counselling session reports As well, observations of each therapy session were made by the researcher--a non-participant observer.

Family Therapy Outcome

Measuring the effectiveness of family therapy has proved difficult because of the complexity of the process. Initial reporting of the success of treatment came from clinical reports of single cases. These were essentially descriptive accounts which served the dual function of educating others about the technique and theory surrounding family therapy and of testifying concerning the usefulness of the treatment modality.

As with individual psychotherapy, the need for more systematic evaluation seems evident and the designs to assess the impact of family therapy are becoming more sophisticated. Gurman and Kniskern (1978) describe research in family therapy process and outcome as in its infancy. The research is hampered by the variety of disciplines practising family therapy and the need to explore the important differences in perspective that make up family work. Despite these realities, Gurman and Kniskern (1978) report gross improvement rates achieved in family work to approximate that which has been found with respect to individual psychotherapy.

Woodward, Santa-Barbara, Streiner, Goodman, Levin and Epstein (1981) comment that outcome is a multifaceted phenomena. Because this is true, researchers have found difficulty in discerning, and, indeed, specifying treatment effects (Fisher, 1980; Sigal, Rakoff & Epstein, 1976; Wellish, Vincent & Ro-Trock, 1976; Woodward, Santa-Barbara, Levin & Epstein, 1978a; Woodward *et al*, 1981). For example, one popular measure has been client reported satisfaction. Generally, a majority of clients will report being satisfied with the service. While Woodward *et al* (1978a) found that satisfaction correlated with a positive outcome, a significant proportion of those dissatisfied attain their goal. Others, while reporting satisfaction, failed to reach their goal. In addition, satisfaction *and* therapist-perceived change did not mean that goals were attained or that the family did not become recidivist (Woodward *et al*, 1981). Clearly, while client satisfaction with a service is an important finding, it is a not a sufficient measure of the effectiveness of treatment.

A group from McMaster University has conducted useful research into family therapy using a goal-attainment scaling procedure. Success was determined by how well families achieve the goals set, whether the therapist is accurate in assessment of change and whether the family reenters treatment. Woodward, Santa-Barbara, Levin and Epstein (1978b) asked therapists to set goals and to describe their expectations for the family situation at a six month follow-up. They found that therapists were realistic in predicting the status of families at such a follow-up.

Researchers have experimented with various ways of assessing the effect of family therapy. Beutler (1971) used attitude measures, hypothesizing that similarity in attitude between husband and wife would increase following therapy.

This was not found to be so, although there was an increase in similarity between the individual spouses and attitudes of the therapist. Fisher (1980) found no difference in the differential treatment effects of six-session, twelve-session or unlimited family therapy. There was some evidence that treatment was better than no treatment. Parent measures were more informative than interaction measures. In contrast, Reiss (1980) states that patterns of interaction produce the best information about treatment direction. Family interaction influences the therapist and is predictive of success (Sigal, Barrs & Doubilet, 1967).

Family Interaction Research

Despite the diversity of orientation of research into family interaction, some commonalities appear. Research comparing the interaction of clinical and nonclinical families has found generally that clinical families exhibit parent-child coalitions while nonclinic families have parent-parent coalitions (Doane, 1978; Lewis *et al*, 1976; Murrell & Stachowiak, 1967). A strong parental coalition thus is equated with healthier family functioning (Lewis *et al*, 1976). Likewise, Doane (1978) determined that the marital relationship is the key to the health or pathology of the family system. Sharan (1966) found that marital discord was more evident when the parents were interacting with a schizophrenic child than when they interacted with a normal sibling.

Several studies have produced interesting findings about the relative behavior and position of mothers and fathers in family interaction. In clinic families mothers, in non-clinic families fathers, spoke more often (Leighton, Stollack & Ferguson, 1971). Alkire (1969) found a role reversal in that mothers of disturbed families tended to be more like the fathers in normal families. Several studies have found that normal families are father-led and that leadership is accepted. In contrast, abnormal families are mother-led but that leadership is not accepted (Alkire, 1969; Leighton *et al*, 1971; Lewis *et al*, 1976).

Problem-solving effectiveness has to varying degrees distinguished the interaction patterns of various family groups. Sharan (1966) found no difference in the problem-solving effectiveness of triads composed of mother-father-schizophrenic child and mother-father-well sibling. Contrary to prediction, the problem-solving interaction with the schizophrenic child was not distinctive. In a different study of schizophrenia, Haley (1968) found that normal families could always pick a winner as planned, while only half the families with a schizophrenic member could do likewise. Ferreira and White (1965) determined that normal families took less time to come to a decision and the decisions were more appropriate. Doane (1978) observed that normal families had more spontaneous agreement and were more likely to make a choice in a decision-making task.

Several studies of family interaction have found that the interaction patterns change over time. Riskin and McCorkle (1979) studied two non-labelled families over a two-year period. They found observable changes in interaction. While they comment that the cause of these changes is unknown and suggest that it may represent either natural growth or the process of interviewing, the finding is of interest. Postner, Guttman, Sigal, Epstein and Rakoff, (1971) found that interaction changes over the course of family therapy, both in quality and quantity of member participation. There is less neutral speech and more talk directly from family member to family member. Behavior family therapy was used by Parsons and Alexander (1973) to train families in communication skills. They reported a significant difference in equality of talking by the various family members as well as increased frequency and duration of simultaneous speech. In a similar finding, Johnson and Malony (1977) determined that family therapy produced greater egalitarian participation. Likewise, Alexander and Parsons (1973) found that family therapy led to significant lower variance amongst family members in the amount talked. This was accompanied by less silence and more interruptions. In the conduct of therapy in their study, specific interventions designed to modify inequality and produce greater clarity and reciprocity were employed.

The studies cited above are useful in their suggestive value. Interaction data seem to be promising media for distinguishing various family groups, particularly clinical from nonclinical. Changes in family interaction patterns are suggestive of an observable impact of family therapy on the way the family talks together.

C. Methodological Issues

> Psychotherapy research, in general, and family therapy research in particular, are filled with difficulties both of practical and ethical natures. (Lebow, 1981)

While the results of family-interaction research have produced findings of interest, the field of family-therapy research is fraught with controversy, confusion and unlimited criticism. The major criticisms of research into family therapy centre around design issues. Concerning psychoanalytic and family-systems therapy, Jacobson (1978) states that "neither perspective can claim even a single outcome experiment investigating its effectiveness" (p. 397). Jacobson believes only the use of experimental designs can provide objective, unbiased estimates of the effect of treatment. In order that there can be no alternative explanation for change, Jacobson states that the design must provide for control and treatment groups, detailed description of the treatment, random assignment, and baseline and follow-up data for each group. In similar vein, Wells *et al* (1976) found only two acceptable outcome studies in their review of the research up to 1972. They recommend designs which capture the clinical judgments of therapists, client self-report and actual observed behavior.

Proposing an alternative direction, Orlinsky and Howard (1968, 1975, 1978a, 1978b) believe that the subjective experience of the participants to therapy is the primary focus of action and, therefore, of what the research should emphasize. They have developed two instruments, the *Patient Session Report* and the *Therapist Session Report*. These questionnaires are completed by the participants at the end of each session. Based on the results of this process, Orlinsky and Howard have acquired valuable insight into the process of psychotherapy as well as support for the viability of self-report data. In reality, it is the family or client who must ultimately evaluate whether treatment is effective (Rabin, 1981).

Providing a better balanced view, Bergin (1971) comments that one cannot definitely test effects. Therefore, classical experimental designs are not appropriate. He recommends using a variety of measures to assess effect. Similarly, Cromwell, Olson and Faurnier (1976) recommend obtaining outsider and insider data.

The debate concerning whether the information obtained from research into family therapy is useful is essentially moot. The reality is that all research is limited. As stated by Lebow (1981), the purpose of research is to allow "for a body of knowledge to accumulate. In this view, it is recognized that all studies have some problems and that a science can only be built by considering trends across these imperfect projects" (p. 182). Similarly Labin (1981) suggests that we view research into family therapy as continuously adding to our knowledge rather than as an attempt to show any approach as best. The premise of the present study is that, to a significant degree, the process of family-systems therapy is not controllable in the terms of commonly-understood experimental research. Therapy is a process which to date is unclearly understood. Using a variety of measures, the present study was designed to describe what happened for ten families in therapy. As Gurman (1973) suggests, the process of change is multidimensional and requires multidimensional measures. Gottman and Markman (1970) offer support by indicating that change is not a uniform concept. They recommend viewing therapy as a program. Research is then seen as formative and summative evaluation designed to improve the program.

There is no doubt that the research described in the present thesis can be challenged. The methodology used is new and as yet its reliability is not established. There is also no doubt that the research described adds to our knowledge of family therapy. It is an attempt in a manageable way to assess the "richness of treatment" (Lebow, 1981, p. 176). It includes the multiple perspectives of therapist, family members, researcher and nonparticipant-trained raters. It provides questionnaire data on each family member at various points in the process. It specifies demographic data for the families.

As stated by Lebow (1981) it is a:

> myth...that all families are alike, that they have similar responses to family treatment, that outcome can be summed across diverse kinds of families, and that one need not consider data about the type of families involved in a given study in evaluating that research. (p. 168)

The results of the present study exemplify this statement. Each of the ten families is unique and the results for each reflect the uniqueness as well as the diversity amongst the families. The number of sessions per family varied according to the expectations and needs each brought to the context. The length of the therapeutic relationship related to the expectations and needs which the family brought to the context and the extent to which these were met. The achievements of each family reflect these conditions.

This research was an intense and passionate endeavor. It required commitment--and versatility. "Anyone who seeks to deal with this complex set of variables and methodological problems undertakes a formidable task" (Lebow, 1981, p. 184). The results presented below stand as a statement that supports this reality.

D. Summary

This chapter has dealt with two kinds of information pretinent to the present investigation. In the first, the literature related to the conceptual understanding of family dynamics and the family as a system has been examined. In the second part of the chapter, research assessing the effect of family therapy has been reviewed. The discussion has shown support for the intent and design of the research described in this report.

III. METHODOLOGY

This chapter contains two main sections. The first discusses the procedure used to compile the data. The second describes in detail the method used in analyzing the data. While the major problem of this research was to determine the impact of family therapy on family interaction patterns, the study supplemented the interaction data with questionnaire information collected individually from family members as well as information about the family counselling process. Each of these components is enlarged upon in the next section.

A. Acquiring the Data

The present study was designed to collect a sample of family interaction behavior from the participating treatment families at the following points:

1. Prior to the initial counselling session, to provide a baseline sample before intervention;
2. Upon termination of the therapy sessions, to determine the effect of treatment;
3. After a three-month interval, to assess whether any change observed at termination was maintained.

With some families, collecting the termination data proved difficult and with four families the follow-up data were not obtained. The reasons for these difficulties vary. Some relate to a reluctance to "coming back" after things felt better; others to a resistance by particular families which questioned whether they had benefitted from the counselling. Where important, the orientation of each family toward its participation in the research is included as part of the specific case study described in the following chapter.

B. The Selection of Families for Study

The families who participated in this research project were comprised of two parents and one or more children, with the youngest child at least five years of age. From September, 1980 to January, 1982, all families meeting the established criteria who called requesting family counselling at the Family Counselling Service of the Mental Health Division of The Edmonton Local Board of Health were invited to participate in this research on a voluntary basis. The research was described in general to the family member who phoned requesting therapy. The person was informed that the research was attempting to determine what was helpful about family counselling and he or she was informed that the family would receive counselling whether or not it participated in the research. On this basis, sixteen of the fifty-three families that met the criteria noted above agreed to participate in the study. Of these sixteen, two families failed to come for arranged appointments, one family decided it no longer required counselling when offered an appointment time, one family decided to withdraw from counselling during an explanation of the research and the process of counselling, one family decided not to return after the initial session and one family contained several members who were functionally illiterate in English and could not respond adequately to the questionnaires. The remaining ten families participated in the study. The parents in each of these families signed a consent form agreeing to the investigative procedure (Appendix C).

In the original study, data was collected on four *normal* families. The data was collected at approximate three-month intervals.

Data Collection Procedure

Each family participating in this project spent the hour preceding its first counselling session with the researcher. In that session the family was given the following information about the project:

1. The research was one way of assessing what was helpful about family counselling. The family was told that typically families who had received counselling from the Family Counselling Service were phoned six months after they had finished counselling. While most reported that the sessions had helped, it was hoped through this research to determine more specifically

what was helpful and how the results had occurred in the family. In this way, the quality of the service could be improved.

2. Initially, the research involved collecting privately each individual family member's perception of the family. Parents and children over the age of sixteen would complete a questionnaire and children aged five to fifteen would play a "game" with a "friend" of the researcher.
3. As a family, they would then discuss a topic assigned by the researcher. This discussion would not be related to the concerns for which they were entering counselling. The interaction would be taped (audio and video) without the researcher being present.
4. The family was informed that each counselling session would be audio-taped and that parents individually would assess the sessions. The parents were shown the *Client Counselling Session Report Questionnaire* and informed that it would take approximately ten minutes to complete at the end of each session.
5. Finally, the family members were told that the questionnaires and the ten-minute interaction sessions would be repeated twice: immediately following completion of counselling and again after a three-month interval. Once the parents consented to participate within the framework described above, the questionnaires were completed and the interaction

session on an assigned task was taped.

The Individual Measures

The Marital Pre-Counseling Inventory: (An Abbreviated Version)

This inventory was selected because it assesses each spouse's view on a number of important areas of family functioning. In its original form, the inventory requires an hour or more to complete. In accord with the test's author and others who have evaluated this instrument (Deutch *et al*, 1980; Jacob, 1981; and Stuart and Stuart, 1972), the length of the inventory was reduced by retaining only those sections which could be answered on a numerical scale. In other words, all questions that required the respondent to provide written information were deleted. The sections retained asked each spouse to assess the following aspects of family functioning:

a. Decision making, providing a score of how decisions are usually made and an ideal score representing how decisions should be made;
b. Satisfaction with interaction;
c. Communication effectiveness;
d. Satisfaction with the sexual relationship;
e. Agreement on issues of child management;
f. Degree of commitment to the marriage.

Sections b, c and d ask, in addition, that each person estimate how his or her spouse will answer, thus providing data about the degree of shared understanding in the relationship. In this way, the inventory provides reasonably objective measures which describe the individual's current assessment of family functioning, both as he or she experiences it and as he or she believes it will be assessed by his or her spouse. The information about sexual satisfaction is not reported. The issue of sexual satisfaction was addressed only once in the ten families. The reasons for this may be related to any number of factors. The sexual relationship of the spouses may be inappropriate to the family therapy context. Therapists may be uncomfortable with the subject. Sexual relations are often equated with closeness and intimacy. Theoretically, it may be as useful to use meal times as a measure of closeness. In any event, because the subject was addressed infrequently, the information regarding the sexual relationship is not presented.

The inventory was used at designated points in the process, as recommended by its authors (Stuart and Stuart, 1972). Changes in scores toward improved family functioning on this inventory between baseline data and termination provide some evidence about the impact of therapy on the family. The composite picture provided by comparing the replies of spouses adds further evidence of the impact of family therapy on perceived family functioning.

The information produced in this way complements the interaction data and moves away from simple self-report measures of satisfaction with therapy. While the inventory was developed from a behavioral perspective, it measures aspects of family functioning germane to the intent of the present study. The interactional analysis focuses on:

- a. decision making effectiveness;
- b. family structure and the quality of the parental coalition;
- c. the quality of family affect;
- d. the extent to which individual perceptions of family functioning are shared and evident in their behavior with each other; and
- e. the extent to which the family encourages the development of responsible autonomous individuals.

Valuable information about several of these dimensions can be inferred from the *Marital Pre-Counseling Inventory*. The inventory provides information about how the couple see their decision making process. The scale relating to satisfaction with the interaction in some ways assesses affect. When contrasted between the spouses, the scales which ask for an estimate of the spouse's response can show the degree to which perceptions of the family are shared.

The Bene Anthony Family Relations Test

As stated in the manual, the *Bene Anthony Family Relations Test* was designed to

> indicate objectively, reliably, and rapidly the direction and intensity of the child's feelings towards the various members of his family, and, of no less importance, his estimate of their reciprocal regard for him. (Bene and Anthony, 1957, p. 3)

Because a child's view of his family changes naturally as he grows older, the test has two versions. Since the feelings of younger children are less differentiated, the form for young children surveys broader attitudinal areas.

The test relies on Piaget's and psychoanalytic theories of child development. Through the medium of play and the manipulation of concrete objects in the form of actual physical representations of family members, the test materials are developmentally appropriate. One would anticipate that, with normal development, a natural change in a child's perception would occur. For this reason, interpreting changes in the test results of the children involved in this study must account both for the intervention of therapy and for maturation. For most of the participant families, the duration of therapy was short and maturation would not be expected to impact the child's responses. Attention was paid to results which at baseline indicated disturbance in family functioning. If the child's perception changed toward more normal, developmentally appropriate perceptions of the family relationships, family counselling would be seen to have a positive effect.

Interpretation of the test results in this way has support from a study by Philipp and Orr (1978) which compared disturbed and normal adolescent boys. The males in the patient group distinguished themselves from their normal counterparts by identifying family members, other than themselves, as sources of their feelings. In addition, they showed more self-flattery and self-criticism as well as an absence of a reciprocal positive relationship with their fathers. The test, thus, differentiated successfully between the perceptions of disturbed and normal adolescent males.

While the test manual does not specify an upper age range, in the interpretation of results the oldest children referenced were fifteen when tested. The second family who entered the project reported in this thesis had children sixteen, eighteen and twenty-four. Since the game format seemed inappropriate to this age group, a questionnaire version of the test items was compiled. While the use of this instrument may be criticized when it is administered to persons who are essentially adults, in the family noted above the children were developmentally delayed, behaving much more like middle adolescents than independent young adults. In addition, the information provided by the oldest child provided insight into the family functioning as well as into issues which seemed to require an individual rather than a family focus. In other words, use of this test supported the need for alternative therapeutic intervention subsequent to family therapy. This family is discussed below as Family 4A.

The Family Background Information

The Family Background Information questionnaire was designed by the researcher to gather the usual demographic data: age, education, income, ethnic background and religion. In addition, previous involvement in therapy is noted.

Assessing Family Interaction

At each of the designated points in this study, families were taped (audio and video) interacting together for a ten-minute period. The literature indicates that five to ten minutes of family interaction will manifest the interaction patterns characteristic of a given family (Jackson, Riskin and Satir, 1961; Lewis *et al*, 1976;Riskin, 1964; Riskin and Faunce, 1970 a and 1970b). The five-minute sample has been determined by the impressive research undertaken by Riskin (1964) and Riskin and Faunce (1970 a & b). Riskin (1964) compared the data obtained from a detailed analysis of a five-minute sample of family interaction with: (a) a written "description and clinical evaluation of the family" (p. 489) developed by a therapist familiar with the family; (b) the comments of an experienced clinician who listened to the five-minute sample; (c) the perception of another clinician based only on the coded transcript; (d) the assessments of several therapist and non-therapist observers as to the presence and extent of psychopathology in family functioning based on the identified sample of interaction. The results from all these sources supported the use of a five-minute sample as a reliable representation of family interaction (Riskin, 1964).

In their study, Lewis *et al* (1976) compared the results of raters viewing five-minute and ten-minute samples, repectively, of taped interaction with the assessment of an experienced family therapist who viewed fifty minutes of family interaction. The assessments of the raters, as a group, correlated with those of the clinician at 0.41 after five minutes and 0.78 after ten minutes. The correlations using the ten-minute interval indicated agreement from a low of 0.65 for raters with limited experience in family systems therapy to a high of 0.90 for experienced raters. Lewis *et al* report all correlations were significant.

In the present study each ten-minute segment of family interaction was accurately transcribed by the researcher using the audio and video tapes. On the average, ten hours were required to produce an accurate transcript of ten minutes of interaction. The transcript included each speech, the speaker and the person to whom the speech was directed. Including the original fourteen families who comprised the treatment and comparison groups, the two families on whom the study was piloted and the one family who terminated after one session, forty-two ten-minute samples of interaction were transcribed. In total, the forty-two transcripts came to 665 pages. Of the forty-two transcripts, twenty-two were used in the completion of the present study. The four tapes from the two families on whom the study was piloted and the family that terminated prematurely were used to train the raters. The subsample of six families whose interaction was analyzed provided the remaining sixteen transcripts.

The present study analyzed the interaction using two scales. On the full ten-minute interaction, the *Beavers-Timberlawn Family Evaluation Scale* was used to evaluate the family system as an entity. The five-minute subsample from minute two and one-half to minute seven and one-half was subjected to detailed microanalysis of each speech using the *Riskin-Faunce Family Interaction Scales*. Both of these analyses were done by the researcher and two trained raters using the audio tape and the typed transcript of the interaction. The decision to use the audio tape rather than the video taped recording was required by the inadequate and variable quality of the video recordings. This was related to the limitations and condition of the equipment used.

The Beavers-Timberlawn Family Evaluation Scale

This scale contains thirteen dimensions which are designed to evaluate the following five areas of family functioning:

a. *Structure of the Family*, including: (a) the distribution of power, (b) the status of the parental coalition, and (c) the degree of closeness among family members.

b. *Family Mythology*, measuring the degree of congruency between the concept which the family has of itself and the way it actually behaves.

c. *Goal-Directed Negotiation*, evaluating how effective the family is at problem solving and decision making in relation to the assigned task.

d. *Autonomy*, assessing: (a) the clarity with which thoughts and feelings are expressed, (b) the degree to which individuals take responsibility for their own actions, (c) the amount of invasiveness where one family member speaks for another, and (d) the degree to which family members are open and receptive to the ideas and feelings of others.

e. *Family Affect*, indicating: (a) the degree of openness in expressing a wide range of feelings, (b) the general mood and tone of family interaction, (c) the amount of unresolved conflict in the family unit with an assessment of the extent to which this impairs the group, and (d) the extent to which family members are empathic in relation to the feelings of others.

These scales were developed from the theoretical understanding of family systems theory as articulated by W.R. Beavers (Lewis *et al*, 1976). Lewis *et al* (1976) have found that the scales differentiate with sensitivity adequate or normal family functioning from "unusually healthy" or optimal family functioning. This finding was corroborated by clinical assessments, micro-analysis using the *Riskin-Faunce Family Interaction Scales* and individual measures. In the study reported in this thesis, the thirteen sub-scales which compose the *Beavers-Timberlawn Family Evaluation* were expected to demonstrate change in family functioning occuring as a result of family therapy.

The Riskin-Faunce Family Interaction Scales

On six dimensions, the Riskin-Faunce Family Interaction Scales rate each speech defined as "all the words or sounds one person utters until another person speaks" (Riskin and Faunce, 1969, p. 5).

Riskin and Faunce (1970) describe the scales as follows:

> The scales are composed of six main categories: (1) clarity: whether the family members speak clearly to one another; (2) topic continuity: whether family members stay on the same topic with one another and how they shift topics; (3) commitment: whether the family members take direct stands on issues and feelings with one another; (4) agreement and dissagreement: whether family members explicitly agree or disagree with one another; (5) affective intensity: whether family members show variations in affect as they communicate with one

> another; and (6) relationship quality: whether family members are friendly or attacking with one another. In addition, we looked at the patterns of who-speaks-to-whom and who-interrupts-whom. Each of these eight dimensions (the six scales plus who-speaks-to-whom and interruptions) has a series of subcategories. (p. 513)

These scales are based on the theoretical framework of family systems offered by Virginia Satir and Donald Jackson. In research done by Riskin and Faunce (1970b), the scales have demonstrated both validity and reliability. Several variables were found to discriminate reliably between pairs of family groups. The variables which produced significant differences were:

a. agree on the Agree/Disagree Scale;
b. all variables on the Clarity Scale;
c. total topic change on the Topic Scale;
d. non-applicable questions and total commitment (a combination of spontaneous commitment and requests for commitment) on the Commitment Scale;
e. positive and negative relationships on the Relationship Scale.

Riskin and Faunce (1970b) calculated simple ratios within scales and complex ratios between variables from different scales and found several ratios which discriminated pairs of family groups.

The sensitivity of the Family Interaction Scales was further demonstrated by Lewis *et al* (1976). In their study, the Riskin-Faunce Scales correlated at a significant level with the Beavers-Timberlawn Family Evaluation Scale and discriminated between normal and optimally functioning families.

The Family Interaction Scales as described by their authors are extremely complex. Major categories of each scale are broken down into sub-categories. For example, on the Commitment Scale, the scoring categories include:

1	spontaneous commitment
1 !	assertive spontaneous commitment
RC	request for commitment
RC-1	committed request for commitment
1*	commitment in response to request for commitment
2	avoidance of commitment in response to request for commitment
2 !	assertive avoidance of commitment
2-RC (2-RC-1)	avoidance and requesting commitment of someone else
NA*	relevant statement or question in response to request for commitment
NA	nonapplicable
NA?	nonapplicable, question
NS	nonscorable

(Riskin and Faunce, 1969, p. 65)

In the present study, such complexity proved prohibitive to reliable rating. In addition, many variables, such as intrusiveness and the quality of warmth in family laughter, were measured adequately by the *Beavers-Timberlawn Family Evaluation Scale*. Therefore, because the research reported here was designed to determine gross estimates of change (and many of these variables were unnecessarily detailed), a simplified scale involving only the major variables was used. A summary of the scales and the specific categories included in the present research is found in Appendix B.

The Interaction Tasks

In the literature, the most common task used to generate family interaction is the "Plan Something Task" described below (Leighton *et al*, 1971; Murrell and Stachowiak, 1967; Riskin and Faunce, 1970a; and Watzlawick, 1966). Because the researcher wanted three samples of family interaction, two additional tasks were developed. In personal correspondence with the researcher, Dr. Riskin (March 21, 1980) suggested that any task other than "what is driving you crazy" would produce adequate data. In their study, Lewis *et al* (1976) found that a task discussing threatened loss proved emotionally charged.

The additional two tasks developed for the present study were designed to be equivalent to the Plan Something Task. The three resultant tasks are similar in that the subject to be discussed is relatively neutral, the family is asked to agree on an outcome, the topics are unrelated to the problems for which the family is seeking counselling and each task includes an element of ambiguity.

The three tasks were described to the family as follows:

1. *Plan Something*: Family members were asked to plan something that they could all do together, that each would enjoy doing and that would require at least an hour to complete.
2. *Choose a Family Day*: The researcher commented that each individual has his or her special day, one's birthday, and that a mother and father have their own day, their anniversary. Family members were asked to talk together and choose one day from the year that would be their *family day*.
3. *Choose a Family Color and/or Shape*: The researcher explained that historically families in some cultures had a crest, a coat of arms or a symbol of some kind which described the family. The families in the present study were asked to identify a color or if they wished, a color and a shape that symbolized their family.

On these tasks, the researcher asked each member to participate in the choice. As well, she invited families to have "fun" with the task.

The order of the tasks was varied across the ten participating families to reduce the likelihood of change being produced by a particular task.

The Family Therapy Process

While the major thrust of this study was to identify change in family interaction patterns as a result of family therapy, the author believed that valuable insight into what produced any identified change could be gained from observing the therapeutic process. It was decided that assessing the process from three perspectives, that of the parents, the therapist and the researcher would provide such information.

The Client Counselling Session Report

At the end of each therapy session, the parents individually rated the session using the Client Counselling Session Report (Appendix H). The researcher designed this questionnaire to measure aspects of family functioning similar to those found in the Beavers-Timberlawn Family Evaluation Scale and the Riskin-Faunce Family Interaction Scales. While it appeared useful in this study, the validity of this instrument has not been established.

The respondant assessed the extent to which the following conditions were present in the session:

1. The extent to which she or he was aware and open in expressing *feelings* and an estimate of the openness of other family members in sharing feelings. Whether he or she felt understood by other family members and understanding of the others.

2. The awareness and clarity with which he or she and other family members expressed their *thoughts* and *ideas*.
3. The degree of support and understanding received from the spouse and the extent to which each exhibited and shared *leadership* with the other spouse.
4. The estimate of the degree to which the family *solved problems* that emerged during the session. The extent to which his or her ideas were heard and to which the solution to the problem was what he or she wanted.
5. The amount of *unresolved conflict* remaining in the family and the degree to which that conflict interferes with family functioning.

In addition, the person rated the counsellor. She was judged on her ability to understand thoughts *and* feelings, her supportiveness and her helpfulness. Finally an estimate of the progress the family was making toward solving the problems for which it was in therapy and the degree to which the respondent was looking forward to the next counselling session were obtained.

The Therapist Reports

As part of the expectations of counsellors at the Family Counselling Service, the participating therapists kept regular case notes. Case notes are essentially the therapist's record of the process of counselling with a family. The individual styles of the two therapists varied. One typically wrote notes after each session. The other prepared notes on a number of sessions at periodic intervals over the course of the therapy. The information in the case notes presented the therapist's ongoing description of the therapy process and her assessment of family functioning as the counselling progressed.

Researcher Observation

The researcher listened to audio tapes of each counselling session with the ten families. The tapes were randomized across the ten families and within each particular family. As she listened, the researcher kept running notes of a session. She then summarized the information and made comments about the impact of the therapist's interventions on family functioning. A sample of the kind of report developed in this way is found in Appendix J.

C. The Data Analysis

The Interaction Data

The researcher underestimated the amount of time that was needed to train raters as well as to analyze each tape. Because of this factor a subsample of six treatment families was selected for detailed analysis. The procedure used to select the six families for detailed analysis was as follows:

1. The researcher rank ordered the ten families from most to least improved. The ranking was based on her clinical judgment of the degree of change in each family system. The assessment of therapeutic impact was based on the researcher's observation of the family counselling process with each family. The ranking arrived at in this way showed two families whom the researcher judged as showing marked improvement in family functioning and two families who displayed ongoing dysfunction at termination. The rest of the families to some degree were seen as somewhat improved. From the researcher's perspective the two families selected from this group had displayed rapid change in the status of the symptomatic individual, but had stopped short of observable change in the total family structure. In terms of family systems theory, the change occurring in this way allowed for system recovery and a return to homeostasis. The researcher hypothesized that this change would be evident in the family interaction data.
2. Once the families were selected as described above, the researcher consulted the therapist's estimate of the status of the family at termination, as well as the family's reported satisfaction with the outcome.

Both families rated as most improved, reported that the therapy had enhanced the functioning of the family. As well, the therapist who worked with both families had rated them as improved. The families rated as least improved were rated by the respective therapists as having continued dysfunction at termination. While the mothers in both of these families thought the family had benefitted from counselling, the fathers reported that the therapy was not helpful. The two mid-range families were rated by the therapist as showing general improvement, with particular reference to the observable change in the symptomatic member. One of these families rated the therapy as very helpful in altering family functioning. In the other mid-range family, three family members described the therapy as somewhat beneficial. This estimate was in contrast with that of the fourth member who indicated that from her perspective, the therapy was very helpful to the family.

One therapist worked with both of the most improved families. The selection of the two somewhat improved families allowed for detailed assessment of three families from each of the participating therapists.

The Raters

Both raters selected for the analysis are well-educated with long experience in teaching, research and administration. Rater A is a retired teacher, university professor and former dean of education who has a total of more than forty years of experience in public education. He holds a PhD degree with test construction, evaluation and interpretation as one component and has been and continues to be involved in research projects and publication. Rater B is a retired teacher with specialization in English, drama and speech with more than thirty years as teacher and administrator. She holds the M.F.A. degree with emphasis on drama and speech. She has been engaged in research related to the fields of her specialization. She has had several years of experience as an adjudicator in drama festivals and as an examiner for the Licentiate in Speech (Mount Royal College), both of which require the making of fine discriminations and critical decisions.

Both raters spent at least forty hours individually familiarizing themselves with family systems theory and the theoretical descriptions for the *Beavers-Timberlawn Family Evaluation Scale* and the *Riskin-Faunce Family Interaction Scales*. This study was followed by the researcher explaining family systems theory, with specific reference to and instruction in the two rating instruments. The two raters were trained in the scoring procedures. After thirty hours of training it was evident that interrater reliability at the conventional standard of eighty percent would not be achieved on the *Riskin-Faunce Family Interaction Scales*. Riskin and Faunce (1969) reported that three-hundred hours were spent in intensive training to achieve eighty to eighty-five percent reliability on all scales. In the present study, the researcher and the two raters concluded that acceptable reliability would not be achieved without a similar amount of time. This time commitment was neither possible nor realistic for any of the three individuals. Nor was it realistic in terms of the intent of or potential value to the present study. Therefore, the tapes were rated without further training.

The Scoring Procedure

Riskin and Faunce (1969) used two raters, each of whom scored half the tapes with every fourth tape scored jointly. Lewis *et al* (1976) also used two raters, one of whom scored five tapes, the other seven.

In the present study, each tape was scored by the two raters and the researcher. The tapes were rated based on as common an understanding as possible in view of limitations of time, training and resources. The researcher hypothesized that bias would tend to be consistent across the analyses. In addition, she believed that a consolidated assessment based on the combined perspectives of the three independent raters would be as close to an "objective reality" as possible in view of the limitations of this study.

The sixteen ten minute segments were ordered randomly across and within the six families. Therefore, Family 7A Choose a Color might be followed by 11A Plan Something, followed by 9A Choose a Family Day, etc. Four complete segments were duplicated onto a single cassette tape for a total of four separate tapes. Each segment was identified by task and family number. The raters were not aware of the order order in which a particular task had been discussed by a family. The raters worked independently of one another. Each rater scored all of the segments on one tape and then passed the tape on. The order in which the sixteen segments were scored therefore differed amongst the three people.

With reference to the transcript, the rater initially listened to the complete ten minutes of interaction on a task. He or she then scored the interaction on the *Beavers-Timberlawn Family Interaction Scale*.

Each speech in the five minute section from minute two and one-half to minute seven and one-half was then scored on the *Riskin-Faunce Family Interaction Scales*. All of the speeches were scored on one scale completely before the next scale was rated. The Agree/Disagree Scale was scored first, with the transcripts alone. Using the tape and the transcript, the remaining five scales were completed in the following order: 1. the Clarity Scale, 2. the Topic Scale, 3. the Commitment Scale, 4. the Intensity Scale and 5. the Relationship Scale. In all, therefore, the five minute segment was listened to five times.

The Riskin-Faunce Data

The time necessary to achieve eighty percent agreement on how to score a particular speech, speaks both to the complexity of the scoring procedure and to the difficulty inherent in investigating human phenomena. If the present study is an indication, an objective assessment of human speech is difficult to obtain.

To illustrate the variability in inter-rater reliability, Tables III.1 and III.2, below, show respectively the points at which there was greatest and least agreement among the three raters.

The Scales

The Topic, Commitment, Intensity and Relationship Scales proved particularly difficult to score reliably. The following factors seem to have contributed to the difficulties.

1. The Topic Scale

There were two problems rating the Topic Scale. The first was definitional. As defined in the Scoring Manual:

> The *topic* of a speech should be differentiated from its subject matter. *Subject* refers to the actual matter being discussed; the *topic* of a speech is an abstraction about its subject matter. It is a statement of what the subject is about. It is the simplest, commonsense paraphrase which one can make of a speech, i.e., the least abstract statement of the issue being discussed. In short, the topic of a speech is the *main point* of the speech. (Riskin and Faunce, 1969, p. 33)

The abstractions of the three raters in the present

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Table III.1
Variability in Inter-Rater Reliability on the
Riskin-Faunce Family Interaction Scales
Highest Reliability Amongst the Three Raters

Scale	Inter-Rater Reliability			Family	Task
	*R A and *R B	*R B and Resear.	*R A and Resear.		
Agr./Disag.	87.8	93.2	80.8	9A	Family Day
Clarity	95.9	91.8	91.1	7A	Family Day
Topic	62.4	63.5	71.0	11A	Plan Someth.
Commitment	80.8	74.3	84.4	13A	Ch. a Color
Intensity	62.1	60.0	70.3	7A	Family Day
Relation.	78.8	65.7	70.4	13A	Family Day

*R = Rater

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Table III.2
Variability in Inter-Rater Reliability on the
Riskin-Faunce Family Interaction Scales
Lowest Reliability Amongst the Three Raters

Scale	Inter-Rater Reliability			Family	Task
	*R A and *R B	*R B and Resear.	*R A and Resear.		
Agr./Disag.	75.0	76.4	78.3	7A	Plan Someth.
Clarity	84.4	35.9	38.3	13A	Ch. a Color
Topic	45.3	46.8	33.1	5A	Plan Someth.
Commitment	61.3	40.5	38.7	7A	Plan Someth.
Intensity	32.9	39.2	30.4	5A	Ch. a Color
Relation.	34.4	31.2	49.5	11A	Plan Someth.

*R = Rater

study were often not common. The second problem related to the differentiation of appropriate and inappropriate topic change. The rater was required to judge whether a change in topic facilitated or did not facilitate completing the task. The subjective assessments of the three raters on this quality varied.

2. The Commitment Scale

The commitment scale involved many categories. In addition, speeches were to be rated by words *or* tone *or* both. These two factors contributed to the difficulties raters experienced. Riskin and Faunce (1969) reported the lowest on-going inter-rater reliability, 80.6 percent, on the commitment scale.

3. Intensity Scale

Riskin and Faunce (1969 and 1970a) did not report reliability scores for this or the Relationship Scale. They stated that "the frequency of real scores (non-neutral) on these scales was so low as to make the computation of speech-by-speech agreement meaningless" (Riskin and Faunce, 1969, p. 79). The same was not true in the present study, however. Each rater scored many speeches other than neutral. The intensity assessments varied because they required the rater to determine the relative amount of affect intrinsic to a speech. The relative position was taken from a baseline position. The baseline position was a combination of the intensity of *normal* families, the intensity *normal* for the family being scored and the intensity *normal* for the individual who was speaking.

4. The Relationship Scale

This scale is described as the sum of the friendliness of the words spoken (the content) and the tone in which they are spoken. Amongst the scorers of the present study, the addition differed.

It is important to know that the four scales on which reliability was lowest are one's that involved judgments which in many ways are influenced by the particular rater's world view. A person's values, sensitivities, experience and training all influence how he hears things and the meaning he makes of what he hears. Each of the raters scored the scales at a "common-sense" and superficial level as suggested by the scoring manual. Each rater made as accurate a judgment as possible. Despite this, the results suggest differences in understanding. In the present study, the goal of measuring the *objective* reality was not attained. The goal of making human phenomena objective is related to the attempt to apply to a behavioral or social science the methods of natural science. Huxley (1948) says:

> the methods are *not* the same. The scientific spirit remains unaltered whether it is contemplating a nebula or a baby, a field of wheat or a trades union. But the methodology of social science is inevitably different from that of natural science. It is different and must be different for one basic reason--the investigator is inside instead of outside his material. Man cannot investigate man by the same methods by which he investigates external nature. He can use the methods of natural science to investigate certain aspects of man--the structure and working of his body for instance, or the mode of his heredity; but that is because they are shared with other organisms and because they are partial aspects which can be readily externalized. But when he starts investigating human motive, *his own motives are involved*....(p. 113, italics added)

The data from the *Riskin-Faunce* analysis have been analyzed and will be presented on each family that was rated. The data will be used descriptively. The discussion will focus on how the information can contribute to an understanding of a family's interaction and of change in that interaction.

Treatment of the Riskin-Faunce Data

After a tape had been scored by the three raters, a consolidated form was prepared from the independent scores of the three raters. In this way, each speech received a score on each of the six categories. The speeches were scored by (a) common agreement, (b) two out of three ratings or (c) where all three raters differed according to the bias suggested in the manual. This bias differed for each scale and is as follows:

1. On the Agree-Disagree Scale, speeches on which the three raters differed were scored "NA", non applicable.
2. On the Clarity Scale, speeches with differences were scored "1", clear, "2-x", unclear, and "NS", non scorable. If the scores were "1", clear, with two differing unclear scores for example "2-Inc", Unclear Incongruent, and "2-V", Unclear-Vague, one of the unclear scores was assigned. When the data were analyzed all unclear speeches were added together. In other words, the "type" of "unclarity" was ignored when the data were analyzed.
3. On the topic scale, when the three scores were "1", same topic, "2-1", appropriate topic change, and "2-2", inappropriate topic change, the score assigned was "2-1", appropriate change.
4. On the commitment Scale all divergences were scored "NA", non-applicable, except where two of the scores were "1", spontaneous commitment, and

"RC-1", commitment in response to a request for commitment. In this case, since two raters observed commitment, the speech was scored "1", spontaneous commitment.

5. On the Intensity and Relationship scales, wherever the three raters assigned a different numerical value to the speech, the mid position was taken. Wherever two raters assigned a numerical value and the third rated the speech "NS", non-scorable the number closest to "3", normal intensity, and, neutral relationship, was assigned. The first twenty speeches of the "Plan Something" task for family 9A, as well as the consolidated scoring, are found in Illustration One below.

Table III.3 below summarizes the reliability achieved using the scoring procedure described above. As indicated, ninety percent of all speeches received the same rating from at least two of the scorers.

The total number of scores in each category were than summed and converted to a percentage of the total number of speeches in the five minute segment. After calculating the results of the six scales, the summaries for each family were ordered by baseline, termination and follow-up respectively. Tables were produced. With reference to these tables, the results from each successive analysis on the *Family Interaction Scales* will be available for comparison and discussion in the

Illustration One, Part One
Transcript of the First Twenty Speeches Scored on the Riskin-Faunce Family Interaction Scales

90	F	S2	Probably at the Coliseum
91	M	S2	Yeah its at the Coliseum
92	S1	All	Well that's going to be packed.
93	S2	All	(overlaps) Okay I'll go, I'd like the top seat
94	M	All	Fifty dollars for a night out is
95	F	M	No, it'd be more than that cause then they got to get junk
96	S1	M	Yeah, ten bucks worth of junk
97	D	M	(overlap) and we have to get a balloon
98	M	F	Well, why shouldn't they get their own junk?
99	S1	M	And we have to get a balloon
100	S2	M	ah
101	M	F	We pay for the tickets, they can pay for their junk
102	S1	M	We have to get a balloon
103	S2	M	Ah
104	D	M	Well its a night out.
105	S1	M	We have to get a balloon
106	S2	M	And a candy floss
107	S1	M	Yep, and a candy floss
108	S2	M	and a little toy monkey
109	M	S1/S2	What else?

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Illustration 1, Part Two
Consolidated Scoring of the First Twenty Speeches
Family 9A: Plan Something

			Ag/Dis				Clar.			Topic				Commitment						Inten.			Relat.		
SP #	Who	To ?	1	2	NA	NS	1	2	NS	1	2 -1	2 -2	NS	1	RC	RC -1	RC -2	NA	NS	2	3	4	4	3	2
90	F	S2			v		x			x								v		v				x	
91	M	S2	x				x			x								x		v				x	
92	S1	All			x		x			x								x			v			x	
93	S2	All	v				x			v								v			v			v	
94	M	All			x		x			v								x			v			x	
95	F	M			v		x				v							x			x			x	
96	S1	M	x				x			v								v			v			v	
97	D	M			v		x				O			v							v			x	
98	M	F			x		v				x				v						v				x
99	S1	M			v		x				O							v			v			x	
100	S2	M			v				v	O								v				v		x	
101	M	F			x		x			v				x							v			v	
102	S1	M			v		x				O							v				x		v	
103	S2	M			v				v	O								v			v			x	
104	D	M			x		v			v								x				v		v	
105	S1	M			v		x				O							v				x		x	
106	S2	M			v		x			v								v				v		x	
107	S1	M	x				x			v								x			v			x	
108	S2	M			v		x			v								v			v			x	
109	M	S1 S2			x		x				v							v			x			x	

Key to Consolidated Scoring
x - scored by three of three ratings
v - scored by two of three ratings
O - scored by decision

Relationship
4 - friendly
3 - neutral
2 - unfriendly

Key to Scale Symbols
-Agree/Disagree: 1: Agree; 2: Disagree; NA: Not Applicable; NS: Not Scorable
-Clarity: 1:Clear; 2: Unclear; NS: Not Scorable
-Topic: 1: Same Topic; 2-1: Appropriate Change; 2-2: Inappropriate Change; NS: Not Scorable
-Commitment: 1: Spontaneous Commitment; RC-1: Commitment in Response to Request for Commitment; RC-2: Avoidance of Commitment in Response to Request for Commitment; NA: Not Applicable; NS: Not Scorable
-Intensity: 2: Low; 3: Normal; 4: High

Table III.3

Reliability With Which Two of Three Ratings Were The Same on the Riskin-Faunce Family Interaction Scales

Scale	%
Agree/Disagree*	99.6
Clarity*	97.4
Topic	89.9
Commitment	91.4
Intensity	91.9
Relationship	93.5

* Inter-rater reliability amongst three raters

Agree/Disagree=78.2

Clarity 73.6 - approaching the conventional standard

case reports in the next chapter.

Using the five minute section, the researcher summed the number of speeches spoken by each family member and the number of speeches directed toward each family member. Sums for who spoke to whom were calculated for four categories: parent-to-parent, parent-to-child, child-to-parent and child-to-child. All of these scores were converted to percentages, and bar graphs were produced to show individual involvement and the general direction of family conversation. Using the graphs, individual and family participation will be compared on the different samples of interaction.

Treatment of the Beavers-Timberlawn Data

The Beavers-Timberlawn Family Evaluation Scale proved easier to score. For each of the analyzed tapes, the scores of the three were charted for the thirteen measures on the *Beavers-Timberlawn Family Evaluation Scale*. Table III.4 presents the inter-rater reliability and the reliability amongst the three scorers on the thirteen subscales of the *Beavers-Timberlawn Scale*. The figures reported in Table III.4 compare favorably with the inter-rater reliability of the Lewis *et al* study. They found "considerable difference in interrater reliability" (Lewis, *et al*, 1976, p. 91), with particular difficulties on the *clarity of expression*, *responsibility*, *invasiveness* and *range of feelings* scales.

In contrast with the Lewis *et al* study, the present research used three--instead of two--raters. As can be noted in Table III.4 on all scales at least two raters were in high agreement. It is important to know that on scales where one score showed considerable variance, the average of the three scores was within 0.8 of the position of the two scores showing agreement.

For each of the analyzed tapes, the three raters' observations were recorded on a summary score sheet. An example of such a summary is displayed in Illustration 2. As can be seen the scores are coded to the specific rater. The mean rating of the three raters was calculated for each of

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Table III.4

Reliability Scores on the Beavers-Timberlawn Family Evaluation Scale
(percentage that scores were within one scale point)

Scale	Researcher and Rater A	Researcher and Rater B	Rater A and Rater B	All Three Raters
Ov. Pow.	81.3	81.3	87.5	68.8
Par. Coal.	93.8	68.8	75.0	56.3
Closeness	93.8	93.8	87.5	81.3
Mythology	75.0	81.3	81.3	62.5
Goal-Dir. Negot.	87.5	87.5	75.0	68.8
Clar. Expr.	75.0	93.8	62.5	56.3
Respons.	75.0	87.5	81.3	68.8
Invas.	87.5	75.0	81.3	68.8
Perm.	87.5	87.5	75.0	68.8
R. of Feel.	75.0	93.8	68.8	62.5
Mood & Tone	68.8	100	75.0	68.8
Unres. Confl.	100	62.5	68.8	62.5
Empathy	87.5	81.3	68.8	56.3

Illustration 2
Beavers-Timberlawn Family Evaluation Scale

IDENTIFICATION	RATINGS									
Scales	1	1.5	2	2.5	3	3.5	4	4.5	5	Mean Rat.
*I.A.					P		T	S		3.8
*I.B.					T	SP				3.3
*I.C.				S	TP					2.8
*II.							PST			4.0
*III.						T	PS			3.8
*IV.A.				P	S	T				3.0
*IV.B.						P	S	T		4.0
*IV.C.		S				PT				2.8
*IV.D.						PT	S			3.7
*V.A.					SP		T			3.3
*V.B.				PST						2.5
*V:C.			S			PT				3.0
*V.D.					S	P	T			3.5

P = Primary Investigator, S = Second Rater, T = Third Rater

*I.A.	Structure of the Family: Overt Power
*I.B.	Structure of the Family: Parental Coalition
*I.C.	Structure of the Family: Closeness
*II.	Mythology
*III.	Goal-Directed Negotiation
*IV.A.	Autonomy: Clarity of Expression
*IV.B.	Autonomy: Responsibility
*IV.C.	Autonomy: Invasiveness
*IV.D.	Autonomy: Permeability
*V.A.	Family Affect: Range of Feelings
*V.B.	Family Affect: Mood and Tone
*V.C.	Family Affect: Unresolvable Conflict
*V.D.	Family Affect: Empathy

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the thirteen scales. On the scoring form, several scales: (I A) Overt Power, (I B) Parental Coalition, (I C) Closeness, (IV C) Invasiveness and (V C) Unresolvable Conflict are set up in reverse "to discourage the halo effect of raters using the same rating on all the scales" (Lewis *et al*, 1976, p. 83). These scales wereconverted on the summary score sheet. Once converted, the lowest numbers (1 and 1.5) represent healthy family functioning and the highest numbers (4.5 and 5) indicate pathological functioning. In other words, the lower the family's position on a scale, the healthier it was assessed on that particular dimension of family functioning. Taken together, the thirteen scales provide an assessment of a family system.

Graphs will summarize the results of each family on the *Beavers-Timberlawn Evaluation Scale*. While the results are presented in the form of line graphs and thus appear as profiles, the thirteen scales are independent of one another. The line graph format provides for easy visual comparisons of the results on successive tasks. An example of the kind of profile that will be used appears in Figure III.1. (Note: on all similar graphs in the thesis, analysis #1 refers to the baseline data, analysis #2 to the termination data and analysis #3 to the follow-up data.

In the case studies in Chapter 4, the results of the *Beavers-Timberlawn* analyses will be presented descriptively. Change or modification in a family's interaction pattern will be assumed if the termination and/or follow-up results

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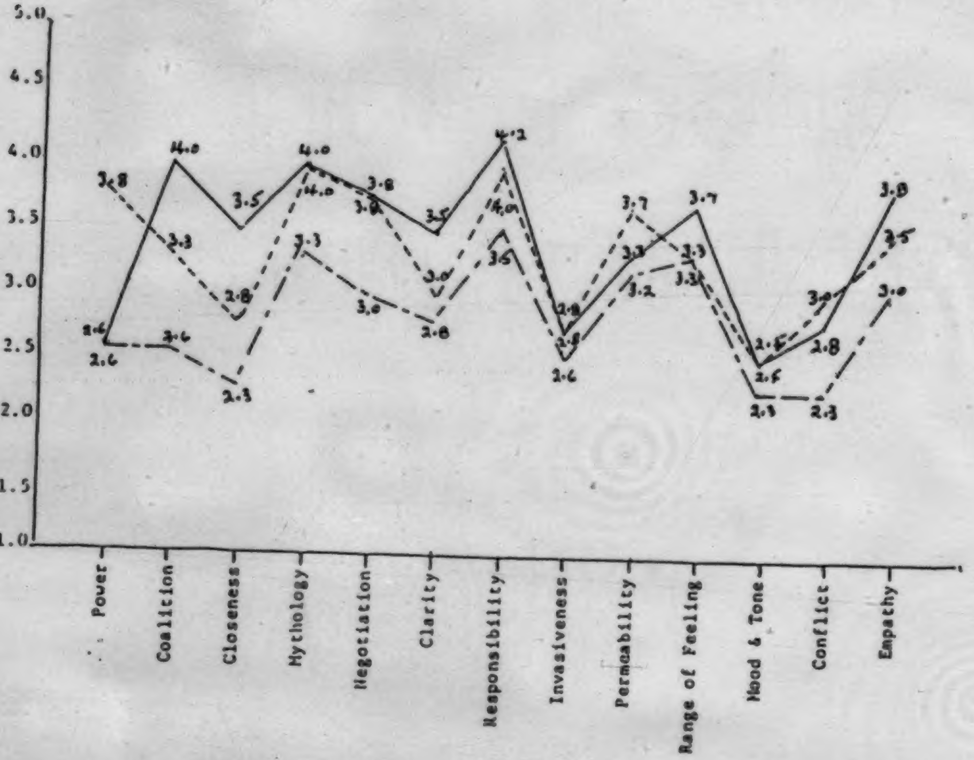

Figure III.1

Sample Graph of the Results of Analysis Using the Beavers-Timberlawn Scale for Family 9A

Analysis # 1 ————
Analysis # 2 — - — - —
Analysis # 3 - - - - - - - -

indicate that the family has moved to a new descriptive position on a scale. When comparing the successive analyses, sub-scales which suggest the family has moved to an improved definitional position will be emphasized. The improvements determined in this way will support conclusions about the impact of family counselling on the family's interaction patterns.

The Individual Data

Independent of the interactional analyses, the questionnaire data were scored and analyzed for each family member in all participating families. The researcher analyzed the responses of individual family members with attention being given both to scores and specific items of importance. Based on the information on all family members she hypothesized how the family system might present itself interactionally. This created an estimate of family functioning which could be contrasted with the results of the interactional analyses.

The individual information will be presented in tables to contrast the responses of an individual at baseline, termination and follow-up. These measures provide numerical evidence of change in individual perceptions of family functioning. By identifying changes in individual perceptions and assessing the changes among the members, these data lend support to evidence of change in family functioning as the result of family therapy. In the case studies in Chapter IV below the individual data and the composite picture created when accounting for the various individual perspectives will be presented and discussed as part of the description of the case.

The Therapeutic Process

The spousal assessments of each counselling session were summarized. Once summaries had been prepared for each counselling session, the researcher wrote a precis describing the parents' assessment of the total therapeutic process. This practice was repeated with the therapist's case notes and the researcher's summaries. From these three sources, commonalities, differences and unique information about the process of family therapy as it contributes to change in family interaction patterns for the family will be developed.

D. Summary

This chapter has reviewed two major aspects of the present study: the way the data were acquired and the method of treating them. As indicated in this chapter, interaction data on six of the treatment families were subjected to detailed analyses. The results of these detailed analyses will be presented for each participating family. These data will be augmented with the individual measures and with the description of the therapeutic process from the three perspectives of parents, therapist and researcher. In addition, the process of therapy in the remaining four families, as well as the information provided by individual measures, will be discussed. The presentation of the results of the study will be in the form of ten case studies. The six cases on which detailed analyses were performed will be presented in order from most to least successful. The remaining four cases will be presented in shorter reports in the latter part of the next chapter.

IV. THE RESULTS OF THE STUDY

The reasons for undertaking family therapy are as varied as the families who engage in the process. In a way, the universal theme which underlies all therapeutic endeavors is a desire to live more fully, get more from life. Every family has a story. While some stories are more interesting than others, all have their moments of drama and of dullness. Each family has joys and sorrows. The extent to which a family experiences all of its moments--the intense and the relaxed--with openness and anticipation creates the story's appeal.

Unfortunately, many families cannot appreciate their own story. Instead of excitement at writing new chapters and creating new story lines, the family believes the story is written, finished and unchangeable. Regrettably, they settle for a short story when a novel is possible. The greatest sorrow in family living is the willingness to settle for less because of a fear of not getting enough. The consequence is that many never find out what they can get.

Each of the ten families who participated in this research wanted to shift its reality, to challenge self-imposed limitations on its potential. This dissertation describes the extent to which this challenge was met.

A. Part One: The Detailed Case Reports

Case One: Family 10A

10A is a four-person family composed of mother, father, son and daughter. When the family entered therapy, both parents were thirty-seven, the son was thirteen and the daughter eleven years old. The family was in therapy from September, 1981 to May, 1982 with therapist A and had a total of fourteen counselling sessions; the first four involving the total family unit, and the subsequent ten the marital dyad. The description at intake was as follows:

> Mother called. The family had seen a former counsellor at the Family Counselling Service in 1976. Mother said: "the family seems to be splitting apart". She and son don't see eye-to-eye too often. He's cheeky and steals from his parents. Daughter does excellently in school. Son doesn't. Asking for help in handling son.

Of the ten families studied, 10A was judged by the researcher to have shown most improvement. The samples of interaction on the three assigned tasks were analyzed. The order in which the tasks were completed by this family was: 1. Choose a Color, 2. Choose a Family Day, and 3. Plan Something.

Interactional Analyses

1. The Beavers Timberlawn Family Interaction Scale

Figure IV.1 below presents the results of the analyses of the three tapes on the *Beavers-Timberlawn Scale*. Between baseline and termination, improvement in family functioning was found on all scales except the *Range of Feelings*. In the follow-up session, further improvement was registered on twelve measures.

Descriptively, at baseline family functioning was assessed as follows:

(a) Structure of the Family

Overt power relationships were rated as displaying marked dominance, indicating no negotiation amongst family members. The relationship structure showed a weak parental coalition and isolation and distancing among family members.

(b) Family Mythology

The raters evaluated this family's concept of how it functions as a group as somewhat incongruent with the way it was observed to react.

(c) Goal-Directed Negotiation

The family's efficiency in problem-solving was rated as poor.

(d) Autonomy

While there was little evidence of invasiveness, the other dimensions which encourage the development of autonomous individuals showed family dysfunction. The family was seen as "somewhat vague and hidden" in disclosure of thoughts and feelings. Members voiced responsibility for

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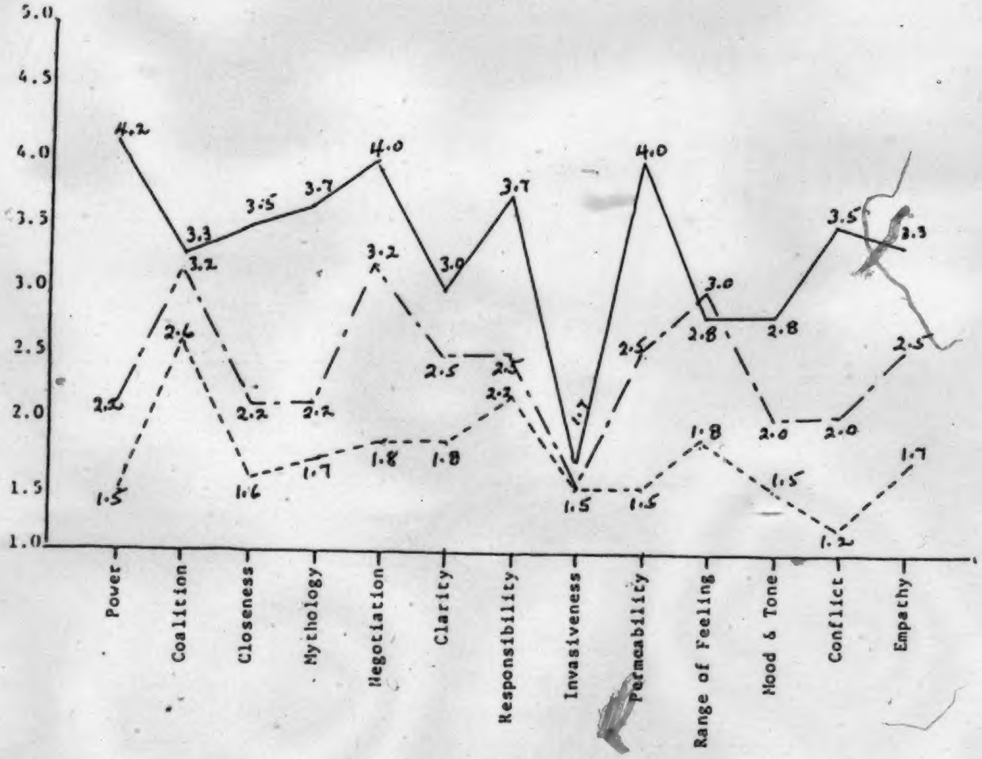

Figure IV.1

Results of the Scoring on the Beavers-Timberlawn Family Evaluation Scale for Family 10A

Analysis # 1 ————

Analysis # 2 —.—.—

Analysis # 3 - - - - - -

actions at times, but there was evidence of blaming and speaking in the third person and in the plural. Members were 'frequently unreceptive' to statements of others.

(e) Family Affect

The family was rated as showing "obvious restriction in the expression of some feelings". The overall feeling tone of the family was evaluated between polite and overtly hostile. The family was seen as having "definite conflict with moderate impairment of group functioning". Family members showed little sensitivity to or understanding of each other's feelings.

The picture this creates is of a family in pain. There is some confusion in generational boundaries with weakness in parental leadership. The result is a sense of isolation and protectiveness on the part of individual family members.

By termination, this picture had changed dramatically toward more functional relationships. While members continued to show restrictions in the expression of feelings and the coalition between parents was weak, all other dimensions which had shown evidence of dysfunction at baseline were improved. Particular improvement was noted of the following subscales:

(i) Overt Power

Power shifted toward more shared leadership between the parents. While there was some evidence of dominance and submission, most interaction contained respectful negotiation.

(ii) Closeness

Greater closeness was evident amongst family members.

(iii) Unresolvable Conflict

While there was some evidence of conflict, it was judged as not impairing group functioning. After an interval of three months, the follow-up data showed evidence of continued improvement in family functioning. With the exception of the *Parental Coalition* and *Responsibility* measures, all areas of family functioning were rated less than two. This indicates generally healthy family functioning on the *Beavers Timberlawn Scale*.

2. Riskin-Faunce Family Interaction Scales

Table IV.1 below summarizes the results of the data generated for Family 10A on the *Family Interaction Scales*. Before therapy, Family 10A displayed evidence of impaired functioning on several dimensions. Family members were generally unable to disagree with one another. Some disagreement is a normal part of family living. While the family was able to stay on topic, it was almost as likely to change the topic inappropriately as appropriately. The family showed a tendency towards an insistence that its members make commitments. The emotional intensity of the family was somewhat high and there was an element of attack and rejection in relationship. With these characteristics, one would expect this family to have difficulty solving problems.

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Table IV.1

Summary of the Speech by Speech Analyses of the Samples Of the Family Interaction for Family 10A Using the Riskin-Faunce Family Interaction Scales

	Agree/Disagree:			Clarity:			Topic:				Commitment:						Intensity:			Relationship:		
	Agree Disagree Non-Applicable			Clear Total Unclear NonScorable			Same Topic Appropriate Change Inappropriate Change Non-Scorable				Spont. Comm. Req. Comm. Comm. in Resp. Avoid Commitment Non-Applicable Non-Scorable						High Normal Low			Positive Neutral Negative		
	A	D	NA	C	TU	NS	ST	AC	IC	NS	SC	RC	CR	AC	NA	NS	H	N	L	P	N	Ng
B	15.4	0.7	79.0	93.7	2.1	4.2	67.1	14.7	12.6	4.9	13.3	18.9	18.9	1.4	51.0	3.5	25.2	71.3	2.8	0.0	86.7	12.6
T	12.4	7.1	77.0	94.6	1.8	3.5	69.0	27.4	0.9	2.7	5.3	9.7	3.5	3.5	73.5	4.4	19.5	66.4	13.3	20.4	69.9	5.3
F	10.4	2.7	79.2	90.7	0.5	8.7	61.2	26.2	4.4	8.2	13.1	8.7	3.3	0.6	65.6	8.2	23.5	76.5	0.6	21.9	68.9	2.7

*B = Baseline, T = Termination, F = Follow-up
All figures as percentage of total speeches

At termination of therapy, significant differences were found on the following scales.

(a) Agree/DisagreeScale

The family gave evidence of a large increase in disagreement. This change is suggestive of increased spontaneity and an ability for members to disagree with one another. In healthy families, members are able to agree *and* disagree.

(b) Topic Scale

While the total percentages of topic change were similar, there was a significant shift from essentially equal amounts of appropriate and inappropriate to mostly appropriate topic change. These data suggest that the family was able to stay on task and to pursue topics with changes appropriate to the discussion.

(c) Commitment Scale

Total commitment was computed by summing spontaneous commitment and requests for commitment. The figures calculated in this way indicate that commitment in Family 10A was reduced by half. In their study, Riskin and Faunce (1970b) found that normal families evidenced the lowest total commitment amongst five family groups. With Family 10A of the present study, the shift indicates less rigidity and dominance. Interaction would demonstrate an attitude toward information gathering and negotiation, as opposed to finding a *right* position.

(d) Relationship Scale

On the baseline interaction, raters found no evidence of warmth in family interchange. While most speeches were neutral, there was a substantial amount of interaction that seemed attacking or hostile. By termination, one-fifth of all speeches suggested warmth and the amount of negative relationship had decreased. Healthy families display warmth in the relationship among members.

The follow-up data suggest that gains in family functioning were maintained with improvement on some dimensions. While members continued to disagree, the ratio of agreement to disagreement was improved. There was additional decrease in negative relationship. Total commitment increased slightly, all increases being found on spontaneous commitment. This suggests that family members state their ideas and feelings spontaneously, seek the opinions of others, but without the insistent quality found prior to therapeutic intervention.

3. Involvement Rates

Figures IV.2, IV.3 and IV.4 show involvement data on Family 10A. It can be seen that the mother became more active in the amount she spoke. Father continued to be the single highest individual to whom speeches were addressed. There was an increase in parent-to-parent communication and a decrease in the dominance of child-to-parent interaction. One would conclude that this family continues to be father-focussed but that interaction generally is more

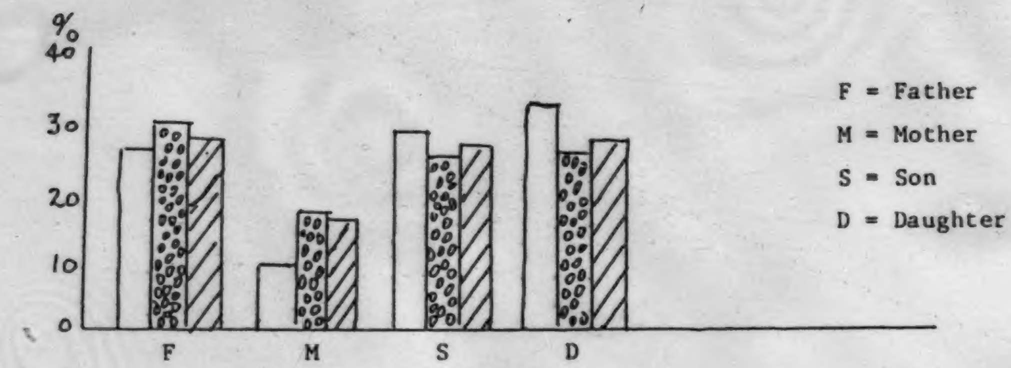

Figure IV.2
Summary (in percent) of amount spoken by each individual of Family 10A at baseline, termination and follow-up testing

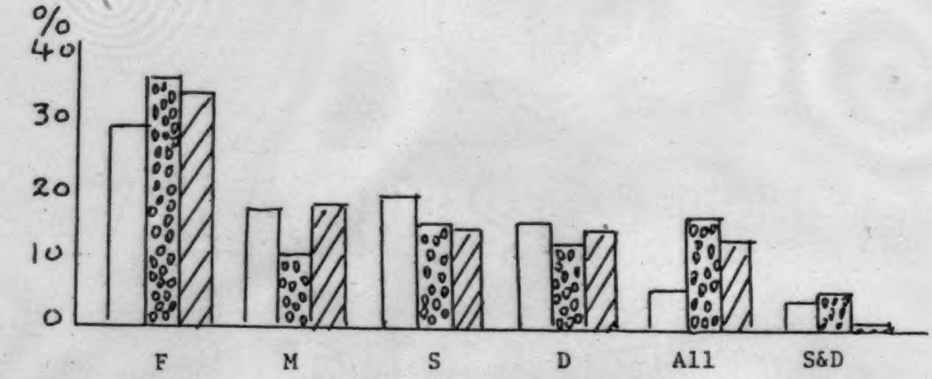

Figure IV.3

Summary (in percent) of number of speeches directed to individual members of Family 10A at baseline, termination and follow-up testing

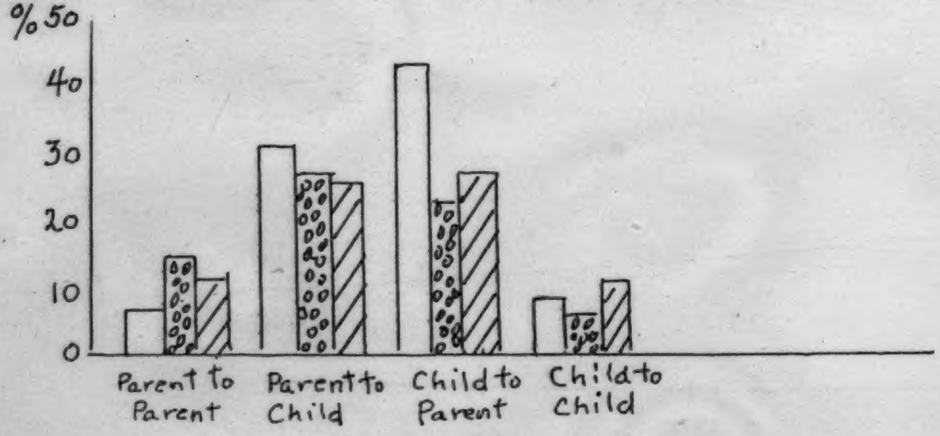

Figure IV.4

Summary (in percent) of who spoke to whom in Family 10A at baseline, termination and follow-up testings balanced and less child-dominated.

4. Summary of the Interactional Analyses

Analyses on both the *Beavers-Timberlawn Family Evaluation Scale* and the *Riskin-Faunce Family Interaction Scale* support the conclusion that Family 10A benefitted from the experience of family counselling. Both analyses suggest that the amount of warmth and closeness among members increased. Parental leadership became more shared and improvement in negotiation and problem-solving effectiveness was evident. Members became more open, self-disclosing and spontaneous. Based on the results of both scales, the family shows some continued vulnerability in the parental sub-system. The coalition between the parents contains possible lack of supportiveness. To a degree, father continues to be over-involved and mother remains under-involved in family discussion. In general, however, the family demonstrates essentially effective functioning.

Results from the Individual Data

1. Parental Measures

The results of the abbreviated *Marital Pre-Counseling Inventory* are shown below (Tables IV.2 through IV.6). Before counselling, the questionnaire responses provided the following information about the way the spouses were experiencing family functioning.

(a) Decision Making

Table IV.2
Satisfaction With Decision Making: Family 10A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	9	10
Termination	8	3
Follow-up	7	5

*The lower the score, the closer present decision making approximates the ideal.

Table IV.3
Satisfaction With Marital Interaction: Family 10A

	Father		Mother	
	Self Rat.	M's Est.	Self Rat.	F's Est.
Baseline	38	30	36	50
Termination	39	22	27	52
Follow-up	27	21	24	47

*Score of 12 = "mostly happy"
36 = "moderately happy"
60 = "mostly unhappy"

Table IV.4
Communication Effectiveness: Family 10A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	34	31	27	22
Termination	33	35	37	27
Follow-up	36	31	36	27

Score of 50 = "almost always" effective
30 = "sometimes" effective
10 = "almost never" effective

Table IV.5
Agreement on Issues of Child Management
Family 10A

	Father	Mother
Baseline	21	14
Termination	18	10
Follow-up	17	10

low of 6 = almost always agree to high of 30 = almost never agree

Table IV.6

Commitment to and Optimism About the Marriage
Family 10A
(Expressed as Percentages)

	Father	Mother
Baseline	75.5	83
Termination	87	91
Follow-up	89	91

Generally, father wanted decision making shared and identified several areas where it was not. These areas related to social contact with friends and relatives, sexual interaction and church attendance. Mother also identified wanting decision making shared. Of interest, she identified similar areas where decisions were not shared. There was common agreement about who was making decisions in the identified areas. In other words, in this area of family functioning, there appeared to be shared understanding of the process currently being used.

(b) Satisfaction with Marital Interaction

Father identified many areas of conflict on this scale. Issues were present around the couple's social, affectionate and sexual interaction. As well, the management of the children appeared to be an area of dissatisfaction. In sum, father was somewhat unhappy and identified many points of conflict. Mother also scored concerns around the social interaction and the affection expressed between the spouses. She indicated that trust between them was an issue. Like her husband, management of the children was most unsatisfying.

(c) Communication Effectiveness

Father specified a low mutual understanding between the spouses. Listening with interest and enjoyment of his spouse were listed as only *sometimes* effective. Mother rated most areas lower. She saw herself as sometimes understanding, sometimes asking for what she wanted from her spouse and rarely showing appreciation. She saw herself as rarely comfortable with disagreement.

(d) Child Management

Father identified this as an area of much disagreement. From his perspective, the children were caught in the couple's arguments, they disagreed about privileges, responsibilities and punishment. Mother perceived much more agreement and she did not identify specific areas as particularly problematic.

(e)Commitment to and Optimism About the Relationship

Both spouses rated high commitment. At baseline, father rated his wife's optimism at fifty percent; his own at seventy-five percent. Mother was more optimistic, scoring her expectations of continued growth at seventy-five percent with a similar score for her husband.

It is evident that on all areas of family functioning, the mother showed improvement between baseline and termination. For the father, most areas were seen as improved. However, he rated a one-point decrease in his communication effectiveness and in his satisfaction with interaction and only a one-point improvement in his satisfaction with decision making. While the ratings of each spouse moved in the same direction as the partner's self-rating, there is evidence of incongruence in the way in which the spouse actually responded. This is particularly true of the father, who continued to see mother as mostly unhappy with the marital interaction. This was in sharp contrast with her own rating which moved from *moderately* to *often* happy. Similar incongruence is evident in communication effectiveness. The mother sees herself as much more effective than does the father. The results suggest that both spouses rated the family as improved, with mother seeing more improvement than father. On several specific items, father indicates a continuing belief that mother is not as happy in the marriage as he is. This difference may create some tension and tentativeness between the father and the mother. Father may be overly sensitive to comments from mother that seem negative.

2. Children Measures

The results of the *Bene Anthony Family Relations Test* for the son and the daughter are found below (Tables IV.7 and IV.8). The son in this family perceived few differences in family relationships on the three test occasions. At baseline, he assigned only five positive outgoing feelings and all went to father. Nine outgoing negative items went to mother. By termination, there was an increase in positive feelings toward father and by follow-up most negative statements were assigned to mother. This suggests over-involvement and skewed relationships with both parents, and a belief in the 'good parent' and the 'bad parent'. As well, by age thirteen (fourteen at termination), one would expect some self-assessment. There is an absence of any comments directed to himself, thus indicating a youngster with a poor self-concept and low self-esteem.

The changes in the daughter's view of the family are also slight. In contrast with her brother, on each occasion she indicated more balanced relationships with both parents. However, as with her brother, she shows a poor self-concept.

From the perspective of both children, then, the family continues to have on-going tension. The children have not developed healthy self-images and tend to see father more positively than mother. Between termination and follow-up, both children experienced an increase in positive feelings

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Table IV.7

Results of the Bene Anthony Family Relations Test
Family 10A, Son

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Father	5	9	10	1	0	0	1	7	7	2	1	2	9	17	19
Mother	0	0	0	9	9	16	1	1	3	3	4	4	13	14	27
Dght.	0	0	0	3	4	0	0	4	0	2	1	0	5	9	0

B = Baseline
T = Termination
F = Follow-up

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Table IV.8

Results of the Bene Anthony Family Relations Test
Family 10A, Daughter

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	0	1	0	0	1	1	0	0	0	0	0	0	0	2	1
Father	11	6	6	2	0	0	13	6	4	3	0	1	29	12	11
Mother	9	8	5	4	5	5	10	6	8	3	3	1	26	22	19
Son	0	0	0	13	12	9	0	0	0	8	6	2	21	18	15

B = Baseline
T = Termination
F = Follow-up

from mother. While this is a subtle shift, it may indicate a change in the way mother was relating to the children.

In terms of the child sub-system, the son indicated little involvement with his sister on the first two test occasions and none at follow-up. In contrast, she perceived a negative relationship with her brother. This had decreased in quantity by follow-up. For those of the ages of these children, one would expect sibling involvement. In healthy families, while still showing some ambivalence, sibling relationship would include positive relating.

3. Summary of the Individual Data

While parent measures assess family functioning as improved, there are continuing areas of difficulty from the perspectives of the children. Systemically one would anticipate that improvement in the marital relationship would foster shifts in the children's views. In general, there continues to be some difficulty in the way members view each other and in the parental relationship. Behaviorally, one might expect mother to sound somewhat negative, father somewhat positive. Taken together, despite interactive evidence of changed family relating, the individual measures demonstrate alliances and some lack of support and sharing in parental leadership. As internally experienced, with the exception of mother, the family was not as changed as it appeared from the perspectives of outsiders.

The Therapy Process

1. Parental Assessments

The family counselling began with a focus on the children with particular concern about the relationship between mother and son. In rating the initial family counselling session, both parents sensed a great deal of unresolved conflict, a general lack of openness in the family, much impairment of group functioning and ineffective problem-solving. For both parents, there was a rapid shift toward open expression of feelings by themselves and other family members. The amount of unresolved conflict was rated as high until the tenth session when it moved to below the half-way point on both evaluations. At this point, the therapy was focussed on trust and commitment issues in the marital dyad. Prior to this session, the parents had spent a long-planned and often postponed weekend together. From this point on, conflict was rated low. In contrast to her husband, mother no longer saw the conflict as impairing group functioning, an indication that mother's perception changed more than that of father.

There appeared to be important individual changes in both spouses. Both moved from an initial position of explaining the thoughts and ideas for others to doing very little talking for others. Accompanying this shift was an increased sense of being able to understand other family members. Both saw a shift from father-dominated to more shared leadership. From a systemic perspective, an interesting dynamic occurred in the individual views of the parents. When the children were involved in the counselling sessions, the mother rated the content discussed as child-focussed. During the same sessions, the father mentioned issues related to the children as well as the relationship between him and the mother. Once the therapy switched to marital counselling, the focus was on the relationship between mother and father. At this time, mother, who had initiated counselling because of her difficulties with the son, referred to the relationship issues as important while father began to list issues relating to the children. In other words, there seemed to be a switch in what the respective spouses judged to be important. There appeared to be a need by one parent or the other to have the children as the issue.

Throughout conselling, both parents rated the progress the family was making toward solving the problems for which it was in counselling as between some and a great deal of progress. Both saw the counsellor as very helpful and generally understanding. She was also judged with some variation to be supportive. Throughout the counselling process, both parents looked forward to the next session.

2. Therapist Summary

From the initial session with Family 10A, the therapist saw the family difficulty as being between the parents, rather than with the son. The therapist very quickly redefined the son's efforts to keep mother angry as useful to the family. The therapist hypothesized that the son was acting out tension generated by the inability of the parents to show anger with each other. The son's acting out allowed mother an opportunity to ventilate her feelings. The therapist made interventions specifically designed to separate the over-involvement between mother and son. She then suggested that the parents address their relationship issue separately. In the subsequent marital therapy, she focussed on the difficulties the spouses had expressing both hostility and caring. She helped the parents identify the early relationship history behind the difficulties and encouraged them to risk change. As the therapy progressed, the therapist saw a movement toward tentative change. This change was accompanied by resistance on the part of the mother. The therapist identified this as related to old experiences when father had not been available when mother needed him. The therapist reported that she pushed each partner to risk and reinforced that they could choose to be different with one another. She observed that the parents generally became direct and open in relating with each other. In her summaries, the therapist indicated that a major break in the resistance occurred when the parents took their weekend together. She helped the parents identify old patterns as well as new experiences. The therapist generally reported optimism throughout the process and assessed the family as improved.

3. Researcher Observations

The therapy with Family 10A was generally seen to have a positive impact on the family. The son's problematic behavior decreased quickly and the relationship between mother and son improved. After the use of specific tasks to separate mother and son, the family reported improvement in that interaction. While there was some initial surprise at the therapist's suggestion of a shift to a marital focus, both parents agreed. The therapist reframed the mother's anger toward her son as being misdirected and related to father not being there for her when she needed him. The therapist helped the family identify its difficulty showing caring to one another and reinforced small changes as they occurred. This was important, as the parents focussed more on how things were the same rather than being able to specify differences as they occurred. The therapist was heard actively to challenge the commitment of the parents to the relationship. There was gradual change in their willingness to challenge their relationship, coupled with their resistance to doing so, and a focus on evidence that it was not changing. There seemed to be an acknowledged change with an identifiable new pattern of interrelating after the parents had spent a weekend together. The latter few sessions reinforced the evidence of new patterns and challenged the parents to maintain the change.

Summary

From the various sources reported above, one can conclude with some confidence that family therapy helped improve family functioning in Family 10A. Specifically, the interaction data show marked improvement in the relating amongst family members. While this is corroborated by the individual measures of the parents, the children show only minor shifts. The parents, therapist and researcher all judged the process to have helped produce change in the patterns of family interchange in a positive direction. While the evidence of improvement is available, it is important to note that there is continuing weakness in the parental coalition. In addition, the change in family functioning has not been accompanied by improvement in the self-concepts of the children.

Case Two: Family 7A

7A is a four-member blended family. A blended family is one in which, through remarriage and step-parenting, a new family unit is created.

In this case, the mother had remarried. She had two daughters from a previous marriage. When the family started therapy, the husband was thirty, the wife thirty-one and the children eight and seven years old. The family received therapy from April, 1981 to June, 1981 with a total of four family counselling sessions. They were counselled by therapist A. The intake information stated:

> The children are mother's by a previous marriage. Problem with Daughter Two, who is very immature for her age, daydreams a great deal. She lived with her dad for a year after her mom and dad broke up. Mom feels this is when the problem started.

Despite the fact that the therapy with this family was short-term, the researcher observed sufficient change in family functioning over the course of therapy that she rated it as second most improved. The quickness with which the family changed was surprising in that it was one whose history included much loss and separation. In addition to the breakdown of the original marriage, the children spending a year with their natural father and the introduction of a new father, the mother had two older sons who continued to live with their father. All of these factors would suggest many potential difficulties. The reasons that the family was observed to improve so rapidly was related to a willingness to implement suggestions and try new ways of relating. The fact that success was experienced so quickly reinforced a shift to healthier functioning.

The order in which the three assigned tasks were discussed by Family 7A was: 1. Choose a Family Day, 2. Plan Something and 3. Choose a Color.

Interactional Analyses

1. The Beavers-Timberlawn Family Evaluation Scale

Figure IV.5 shows the results of the analyses of the three interactions for Family 7A using the *Beavers-Timberlawn Scale*. As depicted, baseline data showed the following status of family functioning:

(a) Structure of the Family

Overt power was rated as moderate dominance with some negotiation, but with dominance and submission as the rule. The parental coalition was judged to be weak with expected occasions where parent-child alliances would appear. The family was characterized by isolation and distancing amongst members.

(b) Family Mythology

The family's concept of how it functioned as a group would be described as somewhat congruent with how it was seen to behave.

(c) Goal-Directed Negotiation

The problem solving efficiency of Family 7A was rated as average.

(d) Autonomy

Individual disclosure of thoughts and feelings was rated as somewhat vague and hidden. While individuals sometimes assumed responsibility for their actions, there were examples of blaming, use of the third person, or of the plural. The family evidenced little invasiveness and members

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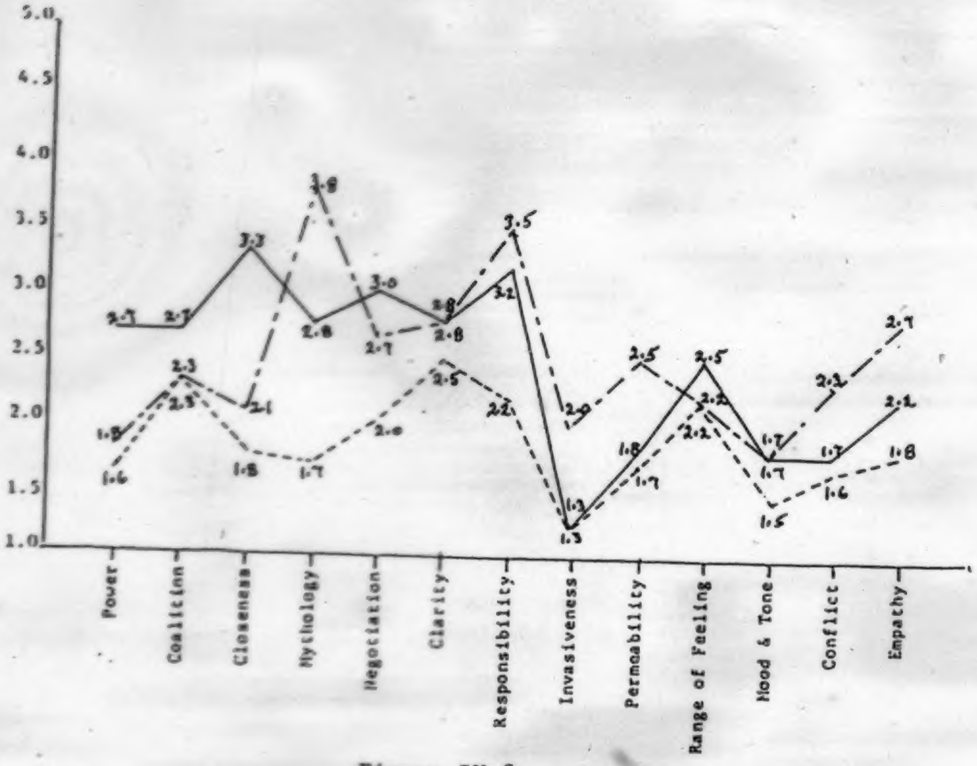

Figure IV.5

Results of the Scoring on the Beavers-Timberlawn Family Evaluation Scale for Family 7 A

Analysis # 1 ————
Analysis # 2 — —— —
Analysis # 3 – – – – – –

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were moderately open and receptive to one another's ideas.

(e)Family Affect

The family seemed to find it difficult to express feelings directly. The tone was polite, with a tendency toward warmth, humour and affection. While there was some evidence of unresolved conflict, it did not seem to impair group functioning. With some resistance, members displayed sensitivity to and understanding of each other's feelings.

Taken together, this information suggests that before counselling, this family displayed caring and warmth among its members. The family, generally, functioned adequately. Areas where improvement might enhance family functioning appeared to lie in the quality of parental leadership, the strength of the parental coalition and in issues of individual boundaries and closeness. There appeared to be some confusion related to generational boundaries and a weak parental sub-system. These dimensions relate to the structure of the family system.

The family seemed to see itself as only somewhat the same as it appeared to observers, suggesting some minor difficulties in the way the family related together. Both the structural difficulties and the inadequate mythology could relate to the blended composition of this family. The final area where family functioning seemed less than effective was in problem solving. While problems in the family were eventually solved, the process was barely adequate.

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By termination, some interesting differences had appeared. Although modest with respect to parental coalition, all three dimensions assessing family structure were improved. The family was now characterized by more shared leadership and respectful negotiation amongst members. There was, in addition, evidence of increased closeness within the family unit. The other four areas of family functioning remained essentially unchanged descriptively or slightly less effective at termination. Mythology decreased to somewhat incongruent. There were a few invasions and a modest decrease in permeability or openness and receptivity to the statements of others. According to the definiton of the permeability scale, however, the family continued to be *moderately open*. The family had more evidence of conflict, accompanied by slight impairment of group functioning. Finally, empathic responsiveness decreased slightly.

At follow-up, all dimensions achieved or surpassed the baseline position and all but four were scored lower than two. In other words, the family had maintained improvement in structure and the areas that had shown some variability displayed consistent, albeit slight, improvement from the baseline position. In general, the family approached the *healthy* end of the continuum of family functioning as defined by the *Beavers-Timberlawn Scale*. At follow-up, it was characterized by warmth, closeness, good problem-solving, shared leadership, little unresolvable

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conflict and empathic responsiveness. The parental coalition continued to be weak, suggesting some lack of supportiveness between the parents.

The Beavers-Timberlawn data indicate some enhancement of family functioning as a result of family therapy. With the exception of mythology, the decrease in effectiveness on some dimensions between baseline ad termination was small enough to maintain functioning at the same definitional level. In other words, while the numerical assessment changed, the descriptive position on the scale remained similar.

Clinically, this family was functioning reasonably effectively before intervention. The area which appeared to require some modification was the structural dimension. All of the components assessing structure showed improvement by termination. As well, with short-term intervention, it could be expected that confusion in mythology might occur. As a family changes, it sometimes experiences incongruence in its perception of itself. In summary, the results are suggestive of positive impact by family counselling on family functioning. as measured by the *Beavers-Timberlawn Scale*.

2. The Riskin-Faunce Family Interaction Scales

The summary of whole family percentages for the data, using the *Riskin-Faunce System*, is presented below in Table IV.9 In general, the data suggest slight modifications in family interaction. On the *Agree/Disagree Scale*, this family

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Table IV.9

Summary of the Speech by Speech Analyses of the Samples
Of the Family Interaction for Family 7A Using the
Riskin-Faunce Family Interaction Scales

	Agree/Disagree:			Clarity:			Topic:				Commitment:						Intensity:			Relationship:		
	Agree Disagree Non-Applicable			Clear Total Unclear NonScorable			Same Topic Appropriate Change Inappropriate Change Non-Scorable				Spont. Comm. Req. Comm. Comm. in Resp. Avoid Commitment Non-Applicable Non-Scorable						High Normal Low			Positive Neutral Negative		
	A	D	NA	C	TU	NS	ST	AC	IC	NS	SC	RC	CR	AC	NA	NS	H	N	L	P	N	Ng
B	15.9	0.0	73.8	88.3	0.0	11.0	39.3	22.8	27.6	10.3	6.9	12.4	7.6	1.4	61.4	10.3	17.2	75.2	6.2	30.3	64.8	2.8
T	15.1	8.5	74.5	95.3	0.0	4.7	59.4	22.6	14.2	3.8	12.3	12.3	4.7	2.8	66.0	1.9	19.8	65.1	15.1	19.8	55.7	23.6
F	12.7	0.0	80.4	89.2	0.0	8.8	52.0	22.0	17.6	8.8	9.8	12.7	8.8	0.0	62.7	6.9	12.7	73.5	9.8	27.5	59.8	6.9

*B = Baseline, T = Termination, F = Follow-up
All figures as percentage of total speeches

showed a substantial increase in disagreement between baseline and termination. This difference had disappeared by follow-up. The family variability in *Clarity* was slight and there were no unclear speeches on any sample of interaction. Although there was an increase in spontaneous commitment by termination, this had decreased somewhat by follow-up. Of particular importance in terms of family relating is the increase in negative relationship scores at termination. The family was characterized by substantial positive relating before therapy, a characteristic of healthier family functioning. The increase in negative relating would have been of concern had the balance not shifted back to a positive orientation by follow-up.

There are some paradoxes in the picture these data suggest. Family members appeared not to disagree openly at baseline and at follow-up. In normal families, there is an ability for disagreement amongst members. The same is true of clarity. Normal families display some unclear speeches. Family 7A was rated as having no unclear speeches on the three samples.

The Scales which indicate improvement in family functioning are the *Topic Scale* and the *Commitment Scale*. In terms of topic, the percentage of inappropriate topic change as well as total topic change was reduced substantially. In addition, the family was more able to stay on the same topic. At baseline, only thirty-nine percent of the total speeches were rated *same topic*, while by termination fity-nine percent were so rated. The family showed a five percent increase in spontaneous commitment between baseline and termination. This indicates that family members were more likely to offer suggestions and to support or reject those of others.

3. Involvement Rates

Figures IV.6, IV.7 and IV.8 show the involvement rates for Family 7A. The amount each family member spoke is generally balanced. Father spoke more on each subsequent sample. The second daughter spoke more than the first. The spoken-to percentages reveal balance, with a slight under-representation of speeches directed to Daughter One. The *Who Spoke to Whom* graph shows some increase in parent-to-parent speeches by follow-up. Otherwise, the majority of speeches appear to involve interaction between an adult and a child.

4. Summary of Interactional Analyses

Some interesting information about Family 7A is available from the two analyses. According to the results of the *Beavers-Timberlawn Scale*, this family appeared to function adequately before counselling. There was a movement toward the healthier end of the continuum on all dimensions except invasiveness which was low initially. The amount of positive relating found on the *Riskin-Faunce Scales* is supported by the assessed *warm* mood and tone on the

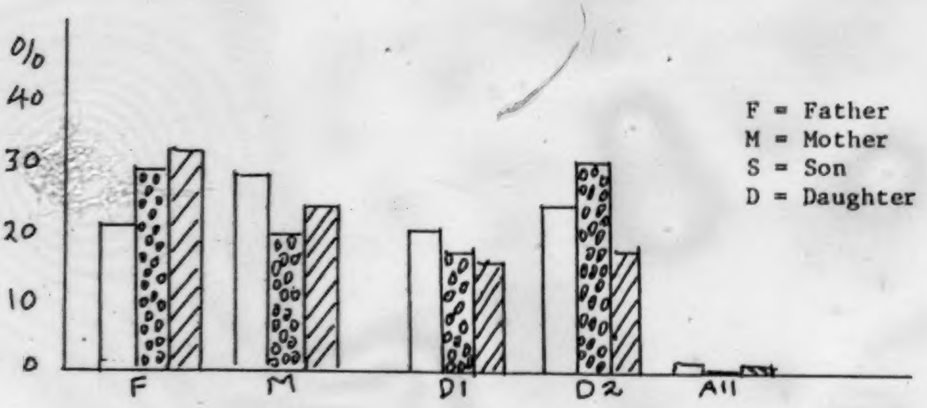

Figure IV. 6

Summary (in percent) of amount spoken by each individual family member of Family 7A at baseline, termination and follow-up testing

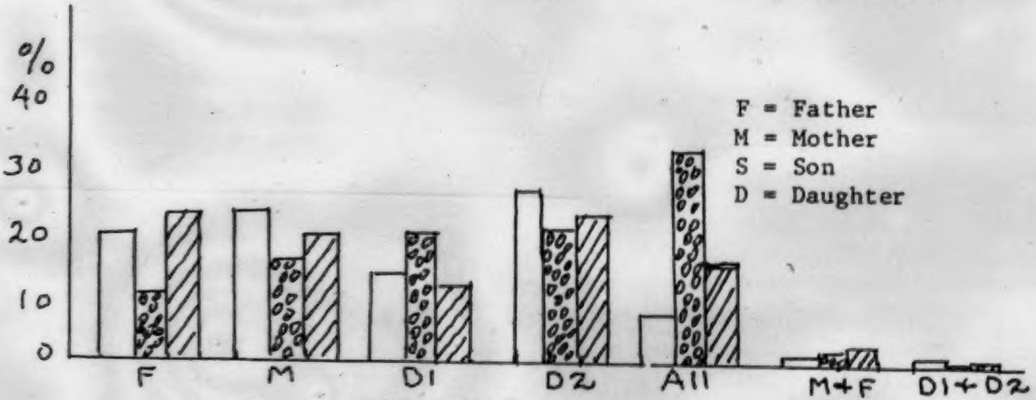

Figure IV.7

Summary (in percent) of number of speeches directed to individual family members in Family 7A at baseline, termination and follow-up testings

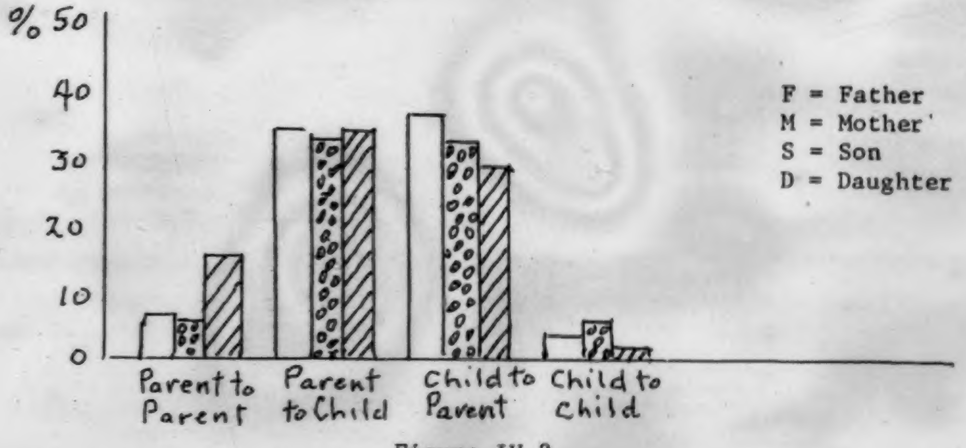

Figure IV.8

Summary (in percent) of who spoke to whom in Family 7A at baseline, termination and follow-up testings

Beavers-Timberlawn Scale. The increase in negative relating on the *Riskin-Faunce* data at termination matches the increase in conflict and the decrease in empathy on the *Beavers-Timberlawn* data. Generally, the movement over the three samples on all four dimensions assessing family affect on the *Family Evaluation Scale* shows parallel shifts on the *Relationship Scale* of the *Riskin-Faunce* measure. The area where there appears to be some discrepancy between the two analyses relates to the disagree variable. Both the Riskin-Faunce study (1970b) and the Lewis *et al* (1976) study found that normal and healthy families disagree. Family 7A showed no evidence of disagreement, either explicit or nearly explicit. If normal families indeed disagree, the absence of disagreement on the three samples seems inconsistent with the relatively healthy evaluation Family 7A achieved on the *Family Evaluation Scale* .

In general, however, the interaction data suggest that Family 7A benefitted from family therapy. There appears to have been a shift in the family structure. This shift involved improved parental leadership, accompanied by respectful negotiation amongst family members. Further, the family became characterized by closeness and appropriate boundaries amongst members. These conditions are important to healthy family functioning. Family 7A's ability to solve problems seemed improved. This conclusion follows from: (a) the Goal-Directed Negotiation Assessment on the *Beavers-Timberlawn Family Evaluation Scale*, and (b) the increased percentage of same topic and decreased percentage of inappropriate topic change on the *Riskin-Faunce Topic Scale*. Finally, on both systems of analysis, the family continued to be characterized by warmth and caring.

Results from the Individual Data

1. Parental Measures

The results of the parents' responses to the abbreviated *Marital Pre-Counseling Inventory* are presented below in Tables IV.10 through IV.14. At baseline the spouses reported the family as follows:

(a) Decision Making

Mother described decision making as shared except in areas of jobs. The parents separately decide what jobs to take and that was the way mother wanted the decisions to be made. The only area where mother reported discrepancy related to the initiation of sex, which mother saw as often from father. She wanted the choice of when to have sex shared. Father reported that decisions relating to jobs and hours were decided by the respective spouse. He wanted those decisions shared equally. He perceived mother as the one to initiate sex and he wanted those decisions shared. All other areas were shared equally as desired.

(b) Satisfaction with Marital Interaction

The father saw himself as slightly happier than his wife on this scale. He rated all areas as moderate to mostly

Table IV.10

Satisfaction with Decision-Making: Family 7A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	7	1
Termination	1	1
Follow-up	4	0

*The lower the score, the closer the way the couple presently makes decisions, approaches the way he or she believes decisions should be made.

Table IV.11

Satisfaction with Marital Interaction: Family 7A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	20	18	18	24
Termination	19	19	16	24
Follow-up	17	13	13	19

Scores of 12
12 = mostly happy
36 = moderately happy
60 = mostly unhappy

Table IV.12

Communication Effectiveness: Family 7A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	45	44	44	44
Termination	48	47	45	45
Follow-up	48	50	47	47

Scores of 50 = almost always effective,
30 = sometimes effective, 10 = almost never effective

Table IV.13
Degree of Agreement on Issues of Child Management: Family 7A

	Father	Mother
Baseline	8	9
Termination	7	8
Follow-up	6	8

Scores of 6 = almost agree
18 = sometimes agree
30 = almost never agree

Table IV.14
Commitment to and Optimism About the Relationship
Family 7A

	Father	Mother
Baseline	68.5	95
Termination	86.5	87
Follow-up	79.5	86

happy. Areas that were less than ideal were sexual interaction, management of free time, social interaction with friends, management of chores and management of children. The mother ranked herself and her spouse as equally happy. All items were ranked moderately to mostly happy. Areas that seemed not fully satisfactory were management of chores, management of children, free time and finances.

(c) Communication Effectiveness

Both spouses assessed communication as effective. Areas that the father found to be somewhat less effective related to the spouses asking one another to do things, expressing interest in his wife's ideas, and disagreeing. Mother rated understanding by both spouses, showing appreciation of her husband, listening with interest to her husband's ideas and her comfort with disagreement as somewhat below ideal.

(d) Child Management

Generally, both spouses reported agreement on issues of child management. Areas where agreement is somewhat less than ideal were punishment (for both spouses), praise (for mother), and appropriateness of responsibility (for father).

(e) Commitment to and Optimism About the Relationship

The contrast between spouses on this measure was striking. Mother rated all areas at ninety-five percent or higher. She saw total commitment by herself and her spouse; current happiness and an expectation of increased happiness and growth as time went on was expected to increase. Father rated commitment at ninety-five percent. In contrast to his spouse, he rated the expectations both had for increased happiness at fifty percent. Importantly, the expectation he held for his own personal growth was five percent or less, that of his wife fifty percent.

This baseline information suggests that both spouses see the family as generally well functioning with minor areas rated somewhat less than ideal. The area of most concern appeared to be the father's belief that his own growth could not be met in this relationship.

By termination, all areas were improved. The most noticeable shift was in father's expecation for the marriage to meet his own growth needs. He rated this dimension at fifty percent. From mother's perspective, the commitment of both spouses had dropped to seventy-five percent. On the follow-up assessment, father rated his expectation of personal growth at twenty-five percent. Mother switched back to full commitment, but her expectation for increased happiness dropped to fifty percent.

In general, then, the spouses both reported improved family functioning on most areas at termination and follow-up. The exception to this was mother's optimism for and commitment to the relationship which decreased somewhat overall. This suggests that family counselling was useful to the family.

2. Children Measures

Table IV.15 summarizes the responses for Daughter One to the *Bene Anthony Family Relations Test*. At baseline, Daughter One reported mostly positive relating in the family with the exception of a lack of positive feelings towards herself. The highest single figure toward whom her own negative feelings extended was her oldest brother who lived in Ontario. By termination and follow-up, some important changes had occurred. She now had a positive

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Table IV.15

Results of the Bene Anthony Family Relations Test
Family 7A, Daughter One

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	0	5	6	3	1	0	0	4	0	0	0	0	3	10	6
Father	12	12	11	2	3	1	11	13	11	2	3	2	22	31	25
Mother	10	11	7	2	3	3	9	10	10	4	2	2	20	26	22
Dght.2	11	10	8	1	9	7	12	12	11	7	4	4	34	35	30
*Son1	9	8	7	7	0	0	9	10	9	4	0	1	19	18	17
*Son2	8	8	6	1	0	1	9	10	9	2	0	1	17	18	17

B = Baseline
T = Termination
F = Follow-up
*Not in current sociological family

self-assessment. As well, there was almost an equal number of negative and positive feelings from herself to her sister.

In terms of family functioning, this youngster's perception improved. At baseline, she included three additional family members to the ones recorded above. By termination, she restricted her family to the current unit and her brothers. This change was suggestive of improved stability in the present family. In other words, she initially included additional members to meet a need to look outside the current unit to ensure safety. The fact that these members were no longer included by termination indicated a shift toward trusting that the present family unit would continue. As well, the increase in negative feelings toward her sister suggests a shift toward more normal sibling relating.

Table IV.16 below tabulates the results on the *Family Relations Test* for Daughter Two. At baseline, this child appeared to be rather self-indulgent. The majority of both outgoing and incoming positive items went to herself. This is unusual in a child her age. Normally one would expect the responses to be distributed such that mother would get the most, followed by father, sister and then herself. Because her brothers resided elsewhere, one would expect few items and little involvement directed toward them. This child's responses varied from this pattern and were suggestive of some difficulty in the family. Other points in the

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Table IV.16

Results of the Bene Anthony Family Relations Test
Family 7 A, Daughter 2

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	8	6	5	1	1	1	7	3	1	2	2	0	18	12	7
Father	1	2	6	7	4	4	1	4	3	4	2	2	13	12	15
Mother	4	3	7	0	1	1	2	3	4	1	0	0	7	10	12
Dght.1	3	2	3	6	7	0	5	1	3	5	9	9	19	14	15
Son 1	x	4	5	x	1	0	x	4	5	x	2	2	x	10	11
Son 2	x	1	2	x	1	1	x	2	2	x	0	0	x	5	5

B = Baseline
T = Termination
F = Follow-up
*Not in current sociological family
x = not included in test

distribution may indicate difficulties related to the 'new' father. There are more outgoing negative feelings toward him and more incoming negative feelings from him.

Both the termination and follow-up re-tests showed changes in areas of concern for this child. The assignment of items to herself decreased. There was an increase in the number of positive outgoing feelings toward both parents and a decrease in negative relating with the father. The total involvement with herself decreased while that with her mother increased. The distribution of items appears more age-appropriate.

3. Summary of the Individual Data

Based on the repeated measures on the four individuals, one can identify some changes following the experience of the family with therapy. While the parents assessed the relationship as generally effective at baseline, both children indicated some distress in family functioning. One child was self-indulgent; the other had a negative self-assessment. As well, this latter child, the older daughter, seemed to experience no incoming positive feelings toward her. Following the program of therapy, both parents reported more satisfying and effective relating and both children displayed closer developmentally appropriate distributions of outgoing and incoming feelings.

The Therapy Process

1. Parental Assessments

From the initial counselling session, both parents rated good progress. Both saw openness in the expression of feelings on the part of all family members. They were able to solve problems effectively and both were satisfied with the solutions that resulted. Both felt that there was very little unresolved conflict. With regard to the content of what was discussed, there was general agreement between the two. The therapist was rated throughout as very helpful and understanding and generally supportive. Both judged the therapy to be successful.

In the interview following therapy, the family mentioned results that appeared to be particularly useful to improving the family. Father reported that he had learned what to expect from children and felt able to understand their behavior better. He mentioned specifically the importance of what he had learned about the older daughter. Because she was quiet, he had assumed that she was happy. There had been surprise that both youngsters were sad and frightened and that the older daughter needed as much attention as the younger girl.

Mother said she had learned to handle situations differently. For example, instead of immediately punishing misbehavior, she would listen to the child's description. Both also mentioned the effectiveness of reinforcing the behavior that they liked.

The parents mentioned that the therapist was particularly helpful in describing what things meant from her perspective. This allowed them to see things differently and to understand them better. They both reported that the younger girl very quickly stopped displaying concerning behavior.

2. Therapist Summary

The therapist quickly identified the younger child's behavior as a reaction to the loss and separation in her history. The therapist helped the mother and step-father understand that the child's behavior was not intended to aggravate, but instead had developed from a sense that if they were angry with her, they would not be angry with each other. Therefore, the mother and father would stay together. The need for her seemingly negative behavior had developed from her being abandoned as a child when her mother left the marriage to her natural father. The behavior, then, was motivated by a desire to keep this new relationship functioning.

The therapist educated the father about what he could expect from children of his step-daughters' ages. Since he had not had much previous contact with children, his expectations were unrealistic.

The counsellor worked with the younger child around her not needing to be a baby. Her being a big girl didn't mean that mom would leave.

The therapist helped the whole family to get more open around the pain they had suffered. In this way, they learned to deal with the pain directly and thus made it easier for the identified child to relinquish the role of pain-carrier for the family.

The therapist observed that mother was especially perceptive and very quickly did different things with her children and with her husband. The family concerns shifted positively to the place where the parents felt they could figure things out on their own. However, while they changed their behavior with the children, the therapist felt that the couple stopped short of making a commitment to change their relationship. The therapist felt that this couple will look at their relationship sometime in the future.

At termination then, the therapist believed that Family 7A had changed in the relating between the parents and the children. She suggested that in the future this couple would need to look at their own relationship.

3. Researcher Observations

Within the first family counselling session with Family 7A, the therapist redefined the identified child's behavior as relating to fear of loss. The therapist prescribed specific behaviors to the parents. These behaviors were designed to alter the interaction patterns between the child and her parents. The therapist challenged the family view that anger should not be expressed. She described the consequence of the parents not expressing anger to each other. What appeared to happen was that the anger would be expressed punitively on the children. The therapist explained the importance of children learning to express anger in a healthy way. She emphasized that to do so, the parents needed to separate discipline from anger.

The therapist was careful to have the mother tell the children that they did not need to be concerned about her sadness. When their mother got sad, instead of becoming quiet and 'good' as Daughter One did or babyish and 'bad' as Daughter Two did, the therapist encouraged both girls to check with their mother about whether she needed something. This allowed for a separation of mother's sadness from the children's sense of responsibility.

In working with this family, the therapist had the family report on changes and actively reinforced any alterations. She combined parenting information with clear descriptions of the consequences of familiar family interaction patterns. She encouraged the children to report their perceptions and emphasized the value in their differences with their parents. The parents tried all of her suggestions with positive results. The consequence was a difference in the children's behavior both at home and in the therapy sessions. Daughter One spoke more and with more affect. Daughter Two changed from being very active, frequently wanting to leave for the bathroom or a glass of water, to being able to play quietly for extended periods of time.

Summary

The results from all three sources, the interaction analyses, the individual data and the observations of the therapy process indicate that Family 7A benefitted from therapy. The parental leadership improved by becoming more shared. Problem-solving became effective and the communication responses between family members were altered. This was particularly true of parent-to-child. The behavior of the child who had been the identified patient quickly altered and the problematic behavior disappeared.

In terms of continued difficulty at follow-up, the parental coalition remained weak and the father and mother had limited optimism about further growth and happiness in the relationship. This would match the therapist's assessment that the relationship will need change at some future point.

Case Three: Family 9A

9A is a five-member blended family. Two of the three children are from the mother's former marriage and the third is from the father's former relationship. In the new unit, the mother's son is the oldest, the father's son the middle and mother's daughter the youngest child. When they began counselling, father was thirty-eight, mother thirty-two, both sons were eleven and the daughter was ten years old. The family was in therapy from June, 1981 to October, 1981 for a total of seven family counselling sessions, the final one involving the marital dyad.

The initial information stated:

> Referred by psychiatrist. Second marriage for both parents. Son One and Daughter are mother's children. Son Two is father's son by his first marriage. Problem with Son One who, according to father, "is eleven going on forty-two and we want him to become an eleven year old again". Son One is dating, can't handle it; school performance declining.

After the completion of counselling, this family was ranked fourth in terms of the assessed improvement of the ten original families. Family 9A was seen to be somewhat improved. The family was counselled by therapist B.

In this family, the problematic behavior of Son One, the identified patient, disappeared quickly. Paradoxically, in some ways this meant he acted younger; for example, he stopped 'dating'. In some ways, he acted more mature in questionning parental rules which failed to acknowledge his age. In both cases, his behavior became much more age-appropriate.

The above change in the status of the symptomatic individual was accompanied by minor shifts with the other children and among the children themselves. The researcher, however, felt that there were problems in the family structure, particularly relating to parental leadership and the marital relationship. The quality of parental leadership is always of concern, but particularly in a blended family where the added variable of step-parenting is involved. As well, difficulties in the spousal sub-system of a blended family often create tension for youngsters who have already experienced the consequences of one marital dissolution.

When the therapist invited the parents to challenge their relationship, they indicated that from their perspective, things felt better and decided to terminate counselling. Therefore, while change in Son One's behavior occurred and was accompanied by some improvement in family interaction, there seemed to be little change in the family system itself. From the perspective of the researcher, homeostasis has been re-established.

The results of the observations on Family 9A are presented below. The order in which the family discussed the assigned tasks was: 1. Choose a Family Day, 2. Choose a Color and 3, Plan Something.

Interactional Analyses

1. The Beavers-Timberlawn Family Evaluation Scale

Figure IV.9 below graphically presents the results of the analyses of the three tasks using the *Beavers-Timberlawn Scale*. As measured in this way, before counselling, the

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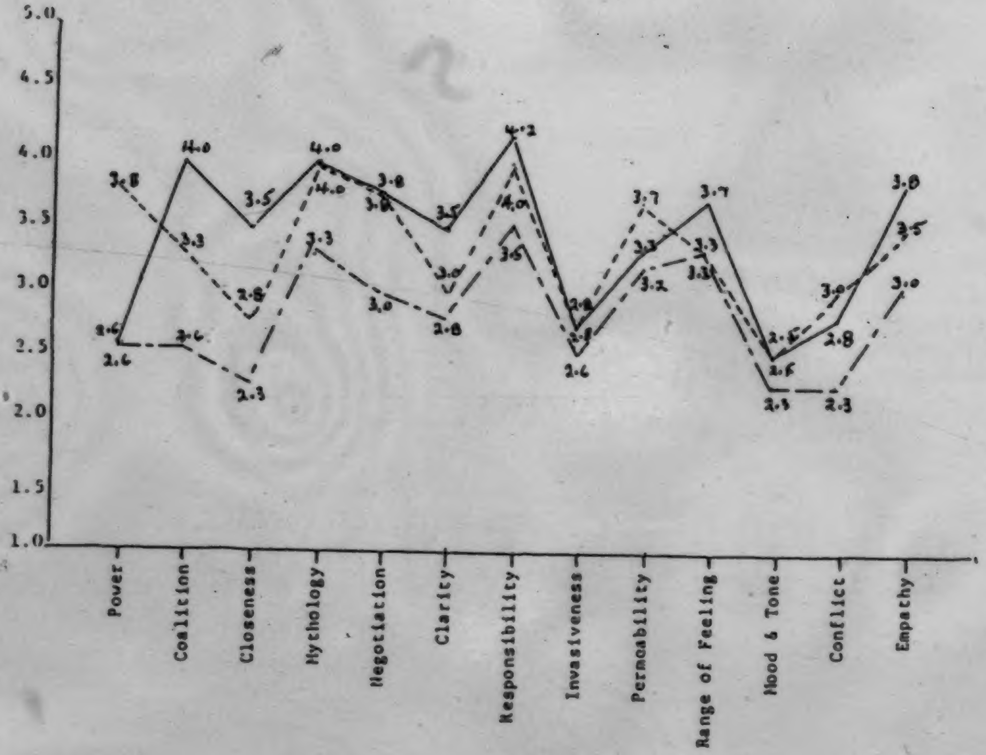

Figure IV.9
Results of the Scoring on the Beavers-Timberlawn Family Evaluation Scale for Family 9A

Analysis # 1 ________
Analysis # 2 __ _ ___ _
Analysis # 3 _ _ _ _ _ _ _

family presented itself as follows:

(a) Structure of the Family

Power was distributed through moderate dominance. While there was some negotiation, control was close to absolute and dominance-and-submission the rule. The family was assessed as between a parent-child coalition and a weak parental coalition. There was isolation and distancing between family members with a possibility of some confusion in individual boundaries.

(b) Family Mythology

The family's concept of itself was somewhat incongruent with the way the members were seen to behave as a group.

(c) Goal-Directed Negotiation

The family's overall efficiency at solving problems was assessed as poor.

(d) Autonomy

Family members were seen to be vague and hidden in their disclosure of thoughts and ideas. Members rarely voiced responsibility for their actions. There was some invasiveness and some lack of openness, receptivity and permeability to the statements of others.

(e) Family Affect

The family was rated as having obvious restriction in the expression of feelings. The mood and tone of the interaction included some hostility, but also times of pleasure. There was definite unresolvable conflict, with some impairment of group process. There was an absence of empathic responsiveness amongst members.

The picture this creates is of a constricted family unit. The overall impression is one of isolation of individuals. The family members failed to display warmth and respect for each other. The family had obvious difficulty, but its mythology suggests there could be some denial of problems.

At termination, differences were noticeable on twelve of thirteen sub-scales. Structurally, power remained at moderate dominance. The parental coalition, however, appeared substantially improved, having moved to a weak parental position. As well, the closeness amongst family members had been modified somewhat from its isolation position at baseline to suggest more evidence of closeness among members. Mythology could be described as somewhat congruent. Problem-solving effectiveness moved from a poor to an adequate rating. Descriptively, family members remained somewhat vague and hidden in their disclosure of thoughts and feelings. The rating, however, suggested that this was less pronounced. Members voiced some individual responsibility, but also used blaming and the third person. While unresolvable conflict was still apparent, it was less impairing of group process. Finally, although not maintained, family members showed some empathy for the feelings of one another.

By follow-up, the sub-scales on which most improvement had been noted were scored in a position mid-way between those of baseline and termination. Other dimensions approached the pre-counselling position. Of concern, power was rated at the *marked dominance* position, implying no negotiation and close to absolute control. Parental leadership, then, was less effective and was concentrated in one or other parent.

In summary, the results of the three analyses on the *Beavers-Timberlawn Scale* showed general improvement at termination, but a follow-up position which approached the baseline assessment. The improvement that was made in family functioning as a result of family therapy seemed not to have been maintained to the end of the three-month interval following counselling.

2. The Riskin-Faunce Family Interaction Scales

Table IV.17 records the results of the analyses of the three tasks on the Family Interaction Scales. As observed, most scales noted changes in the frequency of particular behaviors. Descriptively, the variations were as follows:

(a) Agree/Disasgree Scale

Between baseline and termination, the percentages of both agreement and disagreement increased. The ratio of agreement to disagreement, however, was similar, approximating two-to-one. By follow-up, the ratio had improved so that family members were much more likely to agree than to disagree. This increase suggests that family members continued to express disagreement but were more

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Table IV.17

Summary of the Speech by Speech Analyses of the Samples
Of the Family Interaction for Family 9A Using the
Riskin-Faunce Family Interaction Scales

	Agree/Disagree:			Clarity:			Topic:				Commitment:						Intensity:			Relationship:		
	Agree Disagree Non-Applicable			Clear Total Unclear NonScorable			Same Topic Appropriate Change Inappropriate Change Non-Scorable				Spont. Comm. Req. Comm. Comm. in Resp. Avoid Commitment Non-Applicable Non-Scorable						High Normal Low			Positive Neutral Negative		
	A	D	NA	C	TU	NS	ST	AC	IC	NS	SC	RC	CR	AC	NA	NS	H	N	L	P	N	Ng
B	8.9	4.8	76.0	86.3	0.7	10.9	58.2	25.3	5.5	10.3	4.8	8.2	2.7	0.7	72.6	8.9	8.9	77.4	10.9	1.4	81.5	8.9
T	11.2	5.9	78.9	90.1	5.9	3.9	53.3	22.4	22.1	3.3	3.3	11.2	1.9	0.0	79.6	3.9	22.4	70.4	5.9	8.6	67.8	19.7
F	10.4	2.7	79.1	83.5	6.0	10.4	49.4	15.4	26.4	8.8	6.0	7.7	1.6	1.6	73.6	9.3	31.9	59.3	8.2	2.2	64.8	24.2

*B = Baseline, T = Termination, F = Follow-up
All figures as percentage of total speeches

likely to agree with one another's ideas.

(b) Clarity Scale

The total amount of unclear speeches increased substantially on both post-therapy measures: at termination, with a reduction in the percent of non-scorable speeches. This distribution is suggestive of increased flexibility and spontaneity. By follow-up, however, ten percent of all speeches were non-scorable on the clarity scale. Interruptions, laughter, sounds and speeches which were too soft or too fast accounted for a substantial portion of the discussion.

(c)Topic Scale

Overall, the family was observed to stay on the same topic less and the amount of topic change increased. In contrast with the baseline position of little inappropriate topic change, by termination the family was almost as likely to change the topic inappropriately as appropriately and more likely to do so at follow-up. The family would likely have increased difficulty staying on task.

(d) Commitment Scale

Total commitment, computed by adding spontaneous commitment and requests for commitment, remained relatively stable on the three samples of interaction. The family was characterized by more requests for commitment than spontaneous statements of their own wishes. Coupled with the general lack of response to requests for commitment, this suggests a hesitancy on the part of family members to offer suggestions.

(e) Intensity Scale

This scale, in general, has been found to be non-discriminating. With this family, however, the scale showed differences in intensity among its members. The amount of normal intensity decreased on each successive sample of interaction and speeches were more likely to be emotionally intense. When this is associated with the increase in negative relating discussed below, it suggests that family members became more hostile with one another.

(f) Relationship Scale

At baseline, Family 9A was characterized by mainly neutral relating, with more likelihood that variations would be in the negative direction. While the amount of positive relationship increased by termination, the increase was not maintained. More importantly, the amount of negative relationship increased substantially on each subsequent testing. By follow-up, one-quarter of all speeches had an attacking, rejecting or complaining overtone.

3. Involvement Rates

Figures IV.10 and IV.11 below show individual family member involvement. Figure IV.12 records the direction of speeches. The figures indicate some changes in family member participation. Father spoke less and was less often the person to whom others spoke. In comparison, mother spoke more and was spoken to more often. The amount spoken by both

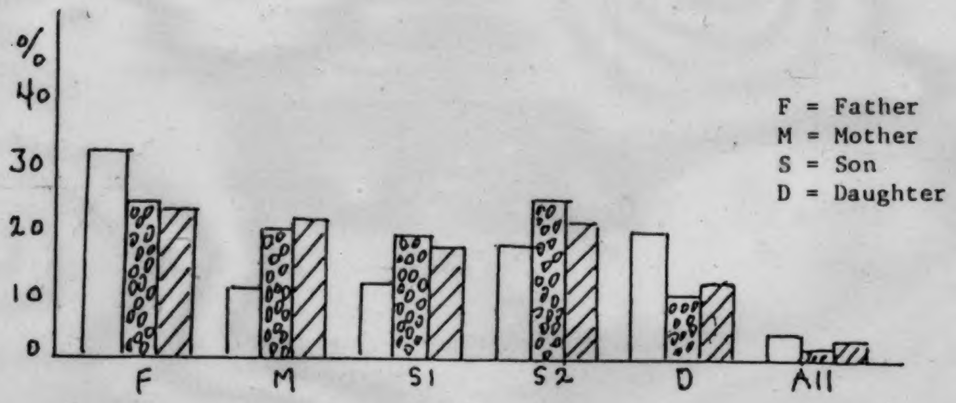

Figure IV.10

Summary (in percent) of amount spoken by each individual of Family 9A at baseline, termination and follow-up testing

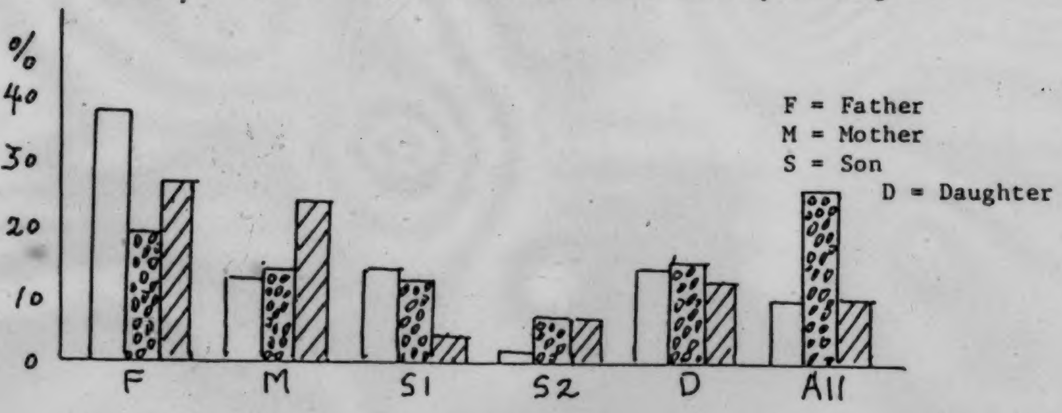

Figure IV.11

Summary (in percent) of number of speeches directed to individual members in Family 9A at baseline, termination and follow-up testing

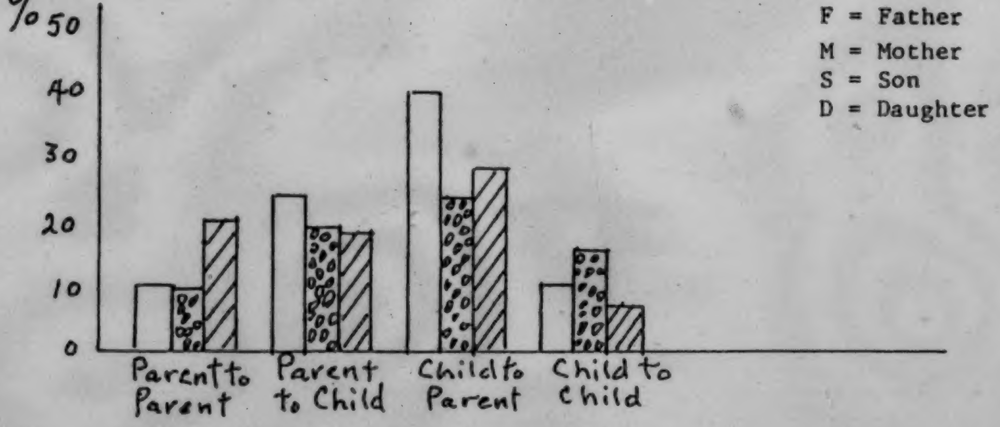

Figure IV.12

Summary (in percent) of who spoke to whom in Family 9A at baseline termination and follow-up testings sons increased while that by the daughter decreased. Overall, the amount of parent-to-parent conversation increased. In contrast, parent-to-child, child-to-parent and child-to-child speeches decreased.

Summarizing the involvement data, who spoke became more balanced. At termination, there was more equality in the quantity of speeches directed individually to each child. Both baseline and follow-up, however, suggested that proportionately one child tended to be under-represented on the *spoken to* dimension. Finally, child-to-parent speeches remained the largest single category in terms of direction of speeches.

4. Summary of the Interactional Analyses

Both the *Beavers-Timberlawn* analysis and the *Riskin-Faunce* analysis suggest that Family 9A continues to have difficulty. The improvement in family functioning noted at termination on the *Family Evaluation Scale* is not so apparent in the micro-analysis. There was, however, an increase in positive relationship, agreement and spontaneous commitment. While one might expect that improvements in these variables could be cancelled by other changes such as negative realtionship, they may indeed contribute to the improvement in problem-solving effectiveness and in the improved clarity with which family members expressed thoughts and ideas. As well, inappropriate topic changes may have involved humor or comments which the family members themselves experienced as more positive.

In general, two conclusions may be drawn from the interactional data. First, between baseline and termination, there was a measurable change in family functioning in a positive direction as a result of therapeutic intervention. Second, lasting changes in family functioning were not achieved. With this family, counselling contributed to temporary improvement in family interaction. Remaining problematic areas of family functioning include parental leadership, negative relationship, difficulty in resolving conflict and poor problem-solving effectiveness.

Results from the Individual Data

1. Parental Measures

Tables IV.18 through IV.22 summarize the responses of the spouses to the abbreviated *Marital Pre-Counseling Inventory*. It is apparent that from the perspective of the spouses, family functioning generally improved between baseline and termination and again between termination and follow-up. This suggests that each spouse felt that the family had benefitted from the counselling process.

Before counselling, the questionnaire responses provided the following information about the way the spouses were experiencing family functioning.

(a) Decision Making

Table IV.18
Satisfaction with Decision Making: Family 9A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	13	16
Termination	12	2
Follow-up	7	0

*The lower the score, the closer the way in which the couple presently makes decisions, approaches the way he or she believes decisions should be made.

Table IV.19
Satisfaction with Marital Interaction: Family 9A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	30	31	23	34
Termination	17	30	23	24
Follow-up	23	21	17	38

Scores of 12 = mostly happy
36 = moderately happy
60 = mostly unhappy

Table IV.20
Communication Effectiveness:Family 9A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	43	44	48	38
Termination	42	46	46	33
Follow-up	42	46	46	37

Scores of 50 = almost always effective
30 = sometimes effective
10 = almost never effective

Table IV.21
Degree of Agreement on Issues of Child Management:Family 9A

	Father	Mother
Baseline	9	7
Termination	10	7
Follow-up	9	8

Scores of 6 = almost always agreee
18 = sometimes agree
30 = almost never agree

Table IV.22
Commitment to and Optimism About the Relationship
Family 9A

	Father	Mother
Baseline	91	84
Termination	91	95
Follow-up	93	87

From father's responses, it was apparent that he wanted the major decision-making responsibility. He identified the following as areas about which he wanted to make decisions: his or his wife's job, money matters and the initiation of sexual relations. He wanted more shared decisions with respect to the children and to social interaction with friends. Mother wanted much more shared decision making than existed at that time. This would imply movement away from father's dominant position in relation to her job and to money matters as well as from her own dominance regarding the children and sexual contact.

(b) Satisfaction with Marital Interaction

Both parents were moderately to mostly happy with their interaction. Areas of tension appeared to involve child management, sexual and affectionate interaction with one another and money matters.

(c) Communication Effectiveness

Both spouses rated their own communication as mostly effective. While mother saw father as equally effective, father assessed mother as less effective than himself. The areas where both spouses rated communication as less than ideal related to understanding. As well, father felt he could improve in his expression of appreciation to his wife.

(d) Child Management

Both parents felt that they typically agreed on child management. Father identified a difference in agreement on appropriate privileges and mother noted punishment as less than always agreed upon.

(e) Commitment to and Optimisim About the Relationship

Both parents were highly committed and expectant of future improvement.

At termination, decision making had improved from the mother's perspective. Father was more satisfied with marital interaction. For both, communication remained highly effective. Commitment and optimism continued.

Improvement in decision making was noted by both spouses at follow-up. Overall, satisfaction improved and communication remained effective. These results suggest that, as a consequence of counselling, parents perceived a general improvement in family functioning, especially regarding decision making and satisfaction.

2. Children Measures

Son One's responses to the three test administrations of the *Bene Anthony Family Relations Test* are summarized in Table IV.23 below. In general, the results indicate little change in Son One's perception. Areas in which improvement in family functioning can be noted relate to his perception of his step-father. By termination, Son One expressed some positive feelings for the father. By follow-up, he expressed fewer negative feelings for his father and felt fewer incoming negative feelings. There appears to be a continuing rivalry with his step-brother and general under-involvement with his natural sister. The lack of items directed toward himself indicate an inadequate self-concept. In general, this child appears somewhat limited in his expression of feelings. From his responses to the incoming feelings area, it seems evident that he does not feel valued by other family members.

Son Two's responses to the *Bene Anthony Family Relations Test* are summarized below in Table IV.24. Son Two's responses on the successive testings suggest some minor changes. On the first test occasion, he included his grandparents from whom he experienced much of his positive relating. These figures were absent at termination, implying that this child had less need to include outside figures. By follow-up, however, there was again an orientation outside

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Table IV.23

Results of the Bene Anthony Family Relations Test
Family 9A, Son One

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	0	0	0	1	0	0	0	0	0	0	1	0	1	1	0
Father	0	2	2	5	5	2	1	1	0	9	9	3	15	16	7
Mother	8	4	5	0	0	0	6	0	6	0	0	0	14	4	11
Son 2	1	0	1	10	11	15	0	0	0	6	5	10	17	16	26
Dght.	2	3	1	0	0	0	0	0	0	0	0	1	2	3	1

B = Baseline
T = Termination
F = Follow-up

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Table IV.24

Results of the Bene Anthony Family Relations Test
Family 9A, Son Two

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	0	0	0	4	3	3	0	0	0	0	0	0	4	3	3
Father	5	3	4	1	1	2	9	5	6	1	1	1	16	14	13
Mother	8	7	4	0	2	0	4	2	4	0	1	0	13	12	8
Son 1	0	0	0	12	5	7	0	0	0	10	8	4	22	13	11
Dght.	0	2	0	1	5	4	1	1	0	4	2	5	5	6	9
*Grdm.	4	x	5	0	x	0	5	x	3	0	x	1	9	x	9
*Grdf.	5	x	0	0	x	0	2	x	4	0	x	0	7	x	0

B = Baseline
T = Termination
F = Follow-up

*not living in present family unit

x=not included

the family. Overall, there was a decrease in Son Two's negative relating to his step-brother. However, that with his step-sister increased. On all three test occasions, Son Two's assignment of more items to his father than to his step-mother is consistent with the family's blended nature. Son Two's assignment of negative feelings to himself suggests a negative self-concept.

To summarize, Son Two's responses showed minor shifts in family functioning. His responses also indicated on-going restrictions in feelings amongst family members and an inadequate self-concept.

The Daughter's responses to the *Bene Anthony Family Relations Test* appear below in Table IV.25. The only change in the daughter's responses that suggest more positive functioning related to her siblings. The amount of negative relating between the Daughter and her natural brother decreased. Her negative feelings for her step-brother increased, but at termination she reported fewer incoming negative feelings from him to her. As with her brothers, this child has a poor self-concept. There are generally negative relationships with both brothers.

3. Summary of the Individual Data

The data reported above suggest that this family would display incongruence. The parents' assessment of family functioning is very different from that of the children. All three children lack self-esteem and portray the family as

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Table IV.25

Results of the Bene Anthony Family Relations Test
Family 9A, Daughter

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0
Father	5	6	4	3	1	1	2	1	1	4	3	3	14	11	9
Mother	8	7	5	0	1	1	6	8	6	0	1	1	14	17	13
Son 1	0	0	0	13	7	8	0	0	0	10	8	7	23	15	15
Son 2	1	0	1	2	9	6	0	0	0	4	1	3	7	10	10

B = Baseline
T = Termination
F = Follow-up

having limited affect. As well, while the parents reported improvement in the family, this is not paralleled in the children's responses. With the extent to which both parents perceive effective functioning, one would expect a very different distribution in the children's responses. The evidence that all three children lack a sense of being valued contrasts sharply with the parents' rated degree of satisfaction. From the researcher's perspective, these differences challenge the parents' self-assessed communication effectiveness. One of the results of effective communication in family functioning is that each member feels valued and understood. One would conclude that instead of being highly effective, this family would display problematic communciation patterns.

The Therapy Process

1. Parental Assessments

Both parents saw general openness in the expression of feelings by family members, although mother sometimes reported difficulty in being open. The family's ability to solve problems was assessed as showing gradual improvement during the therapeutic process. The assessment of unresolved conflict varied sharply. The responses of each varied from much to little unresolved conflict. There was frequently a difference between them on this variable. After the last session, however, they shared the view that little conflict remained. From both perspectives, the father was the family leader. Throughout the counselling process, both parents generally rated progress as good and the counselling was perceived to be helpful. The assessments of the counsellor varied from somewhat to generally supportive, understanding and helpful, with the majority of the sessions receiving the latter rating.

The following additional information was obtained from the interview. Son Two described the counselling as *good* but said little had changed except his relationship to his step-brother. Son One reported that once the focus of attention had shifted away from him, he changed from being *bad*. The daughter reported that counselling had not been helpful. Both parents emphasized the importance of the counselling in helping change Son One's behavior. As well, they mentioned that counselling had helped them realize how strong the family unit had become.

2. Therapist Summary

The therapist initially worked to reframe Son One's problematic behavior. She identified the daughter as mom's favorite and Son Two as dad's favorite and Son One as feeling left out. His behavior was designed to get attention. The therapist described the family as having some difficulties concerning individual boundaries and experienced them as somewhat resistant to change. Over the course of the counselling, several important issues were raised.

First, Son One requested changes in the way in which he was treated by his parents. Second, the sons were encouraged to express their anger directly with respect to one another. Third, the family discussed Son Two's relationship with his natural mother. At one point during the process, he had talked about wanting to live with his mother. The therapist worked to ensure that the older son did not feel blamed for his step-brother's ambivalence. Fourth, the therapist challenged the father to look at his continued investment with his first wife. The consequence was that his present wife felt a lack of support.

In general, the therapist reported that the process of counselling was somewhat scattered. She experienced the father as somewhat resistant. She worked to redefine Son One's behavior for the family. She observed a change in this child and felt that the relationships between the brothers, the father and Son One, and the father and daughter improved.

3. Researcher Observations

The therapist appeared quickly to shift the family focus from the older son. By the second session, the family reported differences in his behavior. Indeed, this son was able to report seeing himself differently. He described himself as acting fourteen because his parents treated him as if he was eight. He reported that he wanted to be eleven and that he could do this more easily if he was treated as an eleven year old by his parents.

The therapist reinforced the ability of the sons to work out a more positive relationship between themselves. She encouraged them to work disagreemeents out directly rather than with needed support of friends.

The therapist raised the issue of the parents' commitment to the marital relationship. While mother initially pushed to have the issue addressed, father reported that, from his perspective, the relationship was fine. In response to this difference, the mother's position changed. At the final session, both reported that the family was functioning the way they wanted it to. The therapist respected this view and the family terminated by mutual agreement.

Summary

The results with this family exemplify the value of using multiple sources of data to assess the impact of family therapy. From the parents' perspective, counselling improved family functioning. Both the researcher and the therapist observed change in the behavior of the symptomatic individual. On the *Beavers-Timberlawn* analyses, the family was evaluated as somewhat improved at termination. This finding leads to the conclusion that change in the behavior of the identified patient is accompanied by change in the family interaction.

By attending to all the information available, however, it appears that the overall status of Family 9A continues to include impairment in family functioning. This impairment is evident in problem-solving efficiency, restricted family affect and leadership difficulties. The family appears to lack open displays of caring. In particular, the children seem to feel isolated and not valued.

While family counselling provided temporary relief, this family would require further modification to improve. As it was observed at follow-up, this family system lacked the qualities necessary to foster warm, respectful relationships among members. The family was limited in its potential for encouraging the development of autonomous, responsible individuals.

Case Four: Family 11A

11A is a five-person family composed of mother, father, son and twin daughters. The son was not included in the therapy. When the family entered therapy the mother was thirty-nine, the father was thirty-eight and the girls fifteen years old. The family was in therapy from September, 1981 to October, 1981 for a total of four counselling sessions. The description at intake was:

> Referred by the Rape Crisis Center--father phoned in. He said Daughter Two was raped by someone she knows. Father expressed concerns that Daughter One's attitudes

towards sex were loose.

Because the issue bringing them for counselling was a sensitive one, this family expressed a reluctance to participate in the research. Their concerns related to not knowing what would be discussed in the counselling sessions. After some discussion, they agreed to provide the baseline data on the condition that the decision about the research participation could be postponed until the end of the initial interview. At that time they signed the consent form.

While the parents were co-operative in assessing each session, the family could be described as reluctant participants. After the fourth session, the parents planned to take two weeks to decide whether they wanted to switch to marital counselling to pursue issues related to their relationship. The researcher contacted them in November, 1981 to learn of their decision. Upon being informed that the couple had agreed to stop counselling, the researcher asked to make an appointment to collect the second sample of information for the research. In all, ten telephone contacts over the next five months were required before the family would make an appointment. The family finally agreed to an appointment when the therapist contacted the father to explain the importance of the information they could provide. After two cancelled appointments, the second sample of data was collected in April, 1982, approximately six months after the final session. Because of the delay and the family's general resistance to the evaluation procedure, only the two samples of data were collected.

Family 11A was placed fifth in the researcher's ranking of the ten families according to degree of improvement. The researcher observed improvement in the behavior of the daughters, especially Daughter Two. Once this girl had discussed her reactions to being raped, she appeared quite different. She talked more and seemed to relax. This was evident through an increase in spontaneous participation and in her use of humor. Although not as marked, there was change in participation by the father and Daughter One as well.

After assessing the total therapeutic process with Family 11A, the researcher judged the family to be somewhat improved. While the behavior of the three family members was observably different, the change was generally small and appeared to stop short of significant change in the family system.

The family was selected for detailed analysis because the researcher hypothesized that the identified change would be evident in the family interaction. As well, the family was counselled by therapist B. The order in which the tasks were completed by this family was: 1. Plan Something, 2. Choose a Color.

Interactional Analyses

1. The Beavers-Timberlawn Family Evaluation Scale

Figure IV.13 below presents the results of the *Beavers-Timberlawn* analyses on the two samples of interaction. As can be seen in Figure IV.14, with the exception of invasiveness, all areas of family functioning were rated improved after counselling. At baseline, the family evaluation could be described as follows:

(a) Structure of the Family

The power scale was rated at moderate dominance. This meant that, while there was some negotiation, control appeared close to absolute, with dominance and submission the rule. The relationship was characterized by a very weak parental coalition and occasional parent-child coalitions. The family members were isolated and distant.

(b) Family Mythology

The family's concept of how it functioned as a group could be described as slightly congruent with how it was seen to behave.

(c) Goal-Directed Negotiation

The family had slightly below average efficiency in solving problems.

(d) Autonomy

Family members were somewhat clear in their disclosure of thoughts and feelings. Family members voiced some responsibility for individual actions. There was minimal evidence of invasiveness and family members were moderately open and receptive to one another's ideas.

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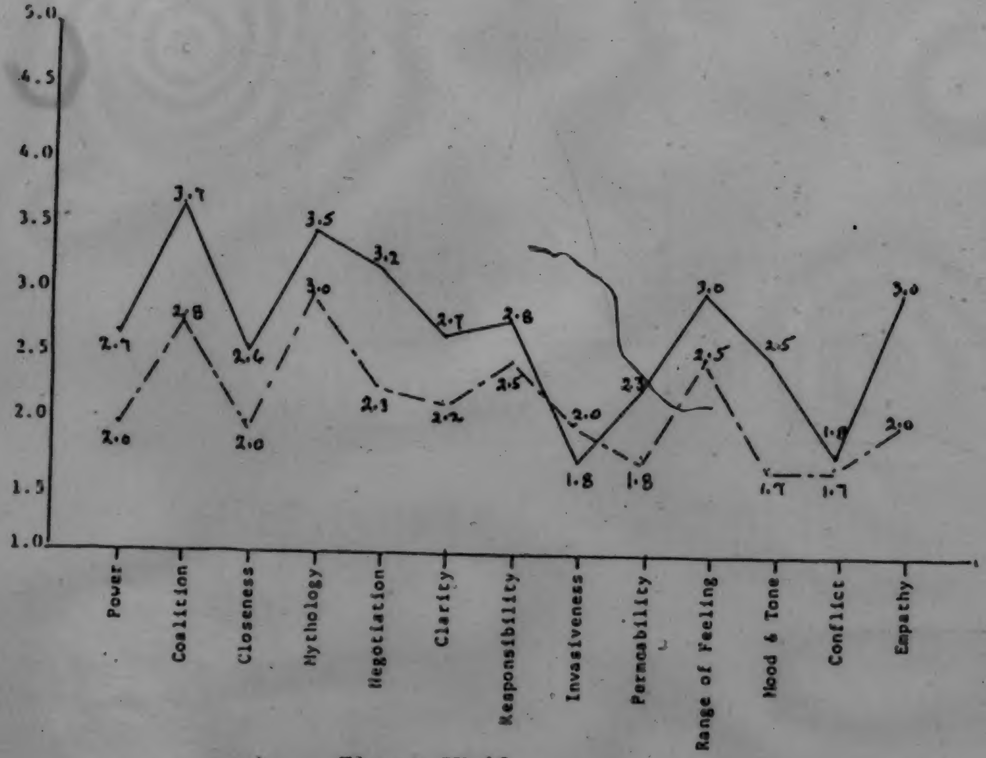

Figure IV.13

Results of the Scoring on the Beavers-Timberlawn Family Evaluation Scale for Family 11A

Analysis # 1 ————

Analysis # 2 —·—·—

(e) Family Affect

The family system showed obvious restriction in the expression of some feelings. The feeling tone was polite without impressive warmth or affection. There was some evidence of unresolvable conflict but it did not impair family functioning. Family members attempted but failed to maintain empathic involvement with each other.

Before counselling, the family, while functioning adequately, displayed a general lack of warmth and overt affection amongst its members. While the family would not be characterized because of the particular problems in its interaction, it could not be seen as particularly intense or caring.

The data collected after counselling showed improvement in family functioning. Indeed, on most scales the family moved to a new and improved definitional position. Improvement was noted as follows. The structure was characterized by respectful negotiation, less domination, a weak parental coalition and some closeness among members. The family's problem-solving efficiency approached the *good* rating. Family members' expression of thoughts and ideas was clear. Family members were open and receptive to one another's ideas. Although with difficulty, feelings were expressed directy. The feeling tone included warmth, affection, humor and optimism. Finally, for the most part, family members were sensitive to and understanding of each other's feelings.

Based on the *Beavers-Timberlawn* analyses, the family system of Family 11A improved. On the second task, the family was characterized by healthier family functioning.

2. The Riskin-Faunce Family Interaction Scales

The results of the micro-analysis of the two samples of interaction are found in Table 30 below. The analyses of the two successive samples show interesting changes in family interaction.

(a) Agree/Disagree Scale

The family improved its ratio of agreement to disagreement and had fewer non-scorable speeches on the second sample.

(b) Clarity Scale

The Clarity Scale showed a continued high percentage of clear speeches. However, there were fewer non-scorable speeches and some unclear speeches. This may indicate more spontaneity and fewer speech fragments.

(c) Topic Scale

The Topic Scale showed a substantial difference in distribution. There appears to have been a shift away from the rigid pursuit of the same topic, a sameness evident before counselling. The amount of appropriate topic change increased to one-quarter of the total speeches. Family discussion would tend to flow more naturally and shift and pursue topics appropriately.

(d) Commitment Scale

Table IV.26

Summary of the Speech by Speech Analyses of the Samples
Of the Family Interaction for Family 11A Using the
Riskin-Faunce Family Interaction Scales

	Agree/Disagree:			**Clarity:**			**Topic:**				**Commitment:**						**Intensity:**			**Relationship:**		
	Agree Disagree Non-Applicable			Clear Total Unclear NonScorable			Same Topic Appropriate Change Inappropriate Change Non-Scorable				Spont. Comm. Req. Comm. Comm. in Resp. Avoid Commitment Non-Applicable Non-Scorable						High Normal Low			Positive Neutral Negative		
	A	D	NA	C	TU	NS	ST	AC	IC	NS	SC	RC	CR	AC	NA	NS	H	N	L	P	N	Ng
T	15.1	7.5	58.4	91.4	0.0	8.6	81.7	11.8	0.0	6.5	5.4	5.4	7.5	0.0	76.3	5.4	16.1	76.3	5.4	10.7	83.9	3.2
F	13.5	5.4	75.7	91.9	4.1	4.1	66.2	25.7	2.7	5.4	9.5	17.6	10.8	5.4	51.4	5.4	20.3	56.8	23	14.9	69	12.2

*B = Baseline, T = Termination, F = Follow-up
All figures as percentage of total speeches

There was an increase in total commitment (spontaneous commitment plus requests for commitment) and a decrease in non-applicable speeches. This change suggests both an increase in the degree to which members committed themselves to ideas and in the expectation that other members would do the same.

(e) Intensity Scale

On the second evaluation, Family 11A was characterized by a broader range in emotional intensity.

(f) Relationship Scale

There was a slight increase in positive relationship and a large increase in negative relationship between the two samples of interaction. The increase in negative relationship would be unexpected with improved family functioning.

3. Involvement Rates

Figure IV.14 below shows the percentage of the total speeches made by each family member; Figure IV.15 records the percentage of speeches spoken to each member; and Figure IV.16 contains general information as to who spoke to whom. Generally, all family members participated in the discussions. On the second sample of interaction, the amount of participation by Daughter Two was noticeably higher than that of other family members. On the first task, a large proportion of the speeches were directed to the father. On the second task, Daughter Two was the person to whom a large

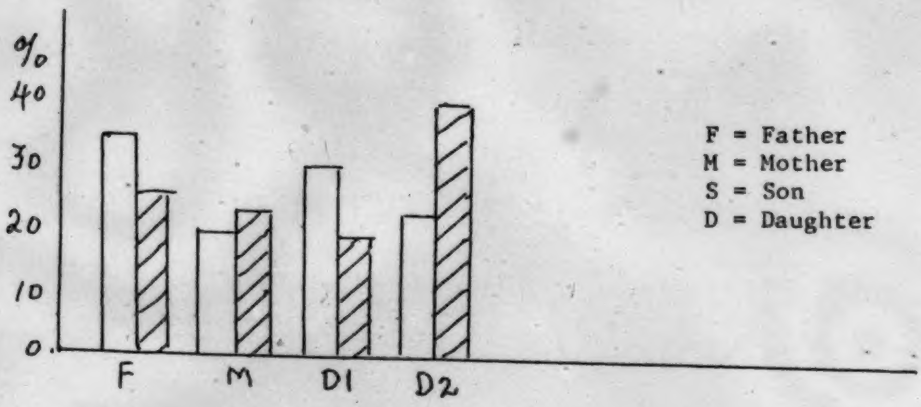

Figure IV.14

Summary (in percent) of amount spoken by each individual of Family 11A at baseline and follow-up testing

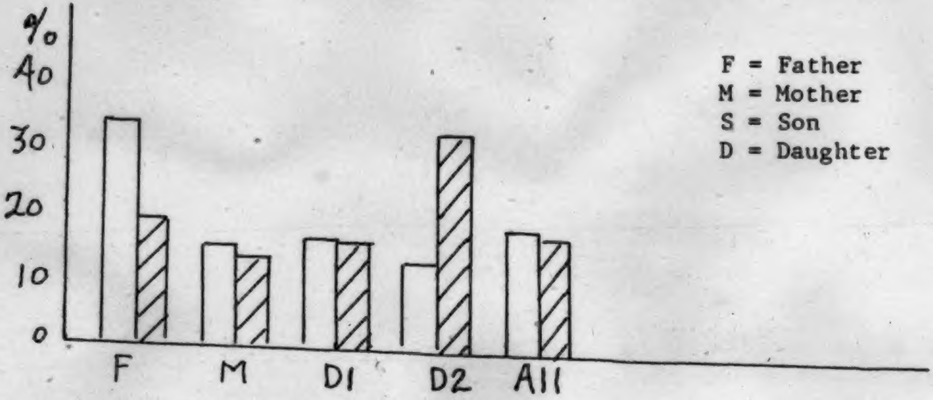

Figure IV.15

Summary (in percent) of number of speeches directed to individual members of Family 11A at baseline and follow-up testing

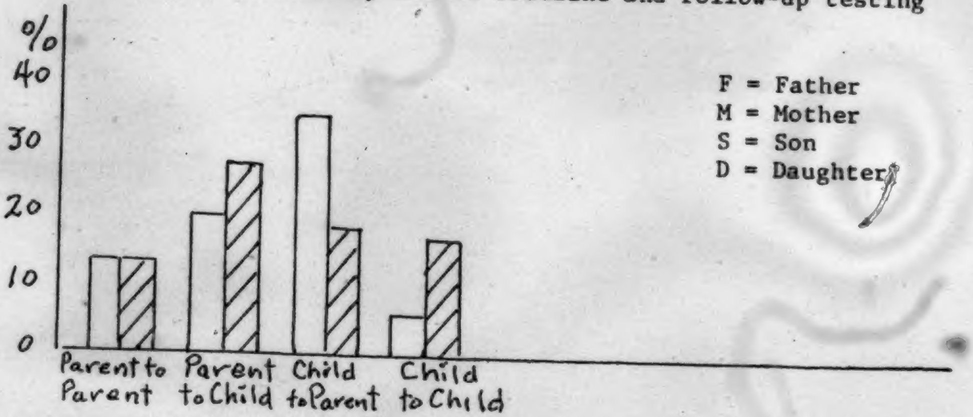

Figure IV.16

Summary (in percent) of who spoke to whom in Family 11A at baseline and follow-up testing proportion of speeches were directed. Overall, there was a redistribution in the direction of speeches on the second sample. There was an increase in the percentage of parent-to-child and child-to-child speeches and a decrease in child-to-parent relating.

4. Summary of the Interactional Analyses

Based on the results of both the *Beavers-Timberlawn* and the *Riskin-Faunce* results, there appears to have been overall improvement in family functioning. This conclusion must be qualified somewhat in view of the increased percentage of negative relationship. Both systems of analyses suggest particular improvement in the effectiveness with which the family solves problems. The *Riskin-Faunce* Topic Scale suggested more flexibility and the *Beavers-Timberlawn Scale* assessed goal-directed negotiation as good.

Based on the interactional data, with caution, one can conclude that family counselling led to improvement in the functioning of Family 11A. Caution is necessitated by the delay between termination and the collection of the second sample of family interaction.

Results from the Individual Data

1. Parental Measures

The results of the abbreviated *Marital Pre-Counseling Inventory* are shown below in Tables IV.27 through IV.31. In general, the father's scores indicate that he perceived improvement in the marital relationship. This is evident in the fact that on the second testing, decision making was ideal and interaction with his spouse was mostly happy. At baseline, mother overestimated father's satisfaction and his communication effectiveness. In contrast, father underestimated mother's score on both scales. This indicates that mother saw father to be more satisfied with marital interaction than he reported. At the same time, he perceived mother to be less happy with their interaction than she was. Mother rated her own communication as generally effective on both occasions. Father estimated that she would rate herself as 'sometimes' effective.

In terms of family interaction, father's relatively low assessment of his own and his spouse's responses would indicate some difficulty in family communication. At baseline, he identified understanding, asking for what is wanted from the spouse, expressions of appreciation, listening with interest to his spouse, disagreeing and enjoyment of time with his spouse as less than ideal. At the second testing, from the father's perspective, similar inadequacies in communication remained.

In general, mother rated the relationship as effective on both test occasions. Father saw improvement in some areas but continued to perceive communication as only somewhat

Table IV.27
Satisfaction with Decision Making: Family 11A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	7	0
2nd Testing	0	1

*the lower the score, the closer present decision making approximates the ideal

Table IV.28
Satisfaction with Marital Interaction: Family 11A
Family 11A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	22	13	14	26
2nd Testing	12	16	15	13

*Score of 12 = mostly happy
36 = moderately happy
60 = mostly unhappy

Table IV.29
Communication Effectiveness: Family 11A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	32	42	42	30
2nd Testing	33	36	41	32

Table IV.30
Agreement on Issues of Child Management: Family 11A

	Father	Mother
Baseline	13	9
2nd Testing	12	10

Low of 6 = almost always agree to high of 30 = almost never agree

Table IV.31
Commitment to and Optimism About the Relationship: Family 11A
(in percent)

	Father	Mother
Baseline	95	95
2nd Testing	91	95

effective. Both rated the spouse much differently from his or her respective self-rating. This indicates lack of shared understanding and possible incongruence. At the second testing, mother's perceptions of her husband were closer than were his estimate of her responses.

2. Children Measures

Table IV.32 contains a summary of Daughter One's scores on the *Bene Anthony Family Relations Test*. The distribution of items shows marked differences between the first and second test occasions. At baseline, this daughter assigned all outgoing and incoming positive feelings to her siblings. The majority of negative relationship was with her parents.

Table IV.32

Results of the Bene Anthony Family Relations Test
Family 11A, Daughter One

Distribution of Feelings

	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	First Test	Re-Test	First Test	Re-Test	First Test	Re-Test	First Test	Re Test	First Test	Re-Test
Self	0	1	1	2	0	0	0	0	1	3
Father	0	7	10	12	0	9	3	4	13	32
Mother	0	7	11	10	0	8	3	3	14	28
Dght.2	10	7	0	1	7	10	0	1	17	19
*Son	3	9	4	1	5	9	1	1	13	20

*Not involved in counselling

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By the re-test, this child had experienced a substantial increase in positive interaction with her parents. She assigned a large number of positive outgoing feelings to her parents and experienced many more positive feelings coming from them. Her relationship with her sister was characterized by positive feelings in both directions on each test occasion.

Table IV.33 summarizes the responses of Daughter Two to the *Bene Anthony Family Relations Test*. Daughter Two displayed a difference in her perceptions of family relations between baseline and re-test. The difference is most evident in the decrease in both outgoing and incoming negative feelings assigned to her parents. Accompanying this shift is an increase in her positive feelings toward her parents. Her relationship with her sister also became more positive.

Both children show similar changes in family functioning. The parents are seen more positively on the retest than they were before counselling. In terms of self-concept both girls appear to have an adequate self-image. At fifteen, one would expect the assignment of some positive and negative outgoing feelings to themselves.

4. Summary of the Individual Data

From the combined perspectives of family members, one would expect improved functioning on the second test occasion. The father and both girls rated the family

Table IV.33

Results of the Bene Anthony Family Relations Test
Family 11A, Daughter Two

	Distribution of Feelings									
	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	First Test	Re-Test	First Test	Re-Test	First Test	Re-Test	First Test	Re Test	First Test	Re-Test
Self	0	0	0	1	0	0	0	0	1	1
Father	0	2	15	9	1	2	8	2	24	15
Mother	0	4	15	7	1	1	8	2	24	11
Dght.1	3	9	1	1	3	6	1	0	8	16
*Son	0	0	3	0	1	6	1	0	5	0

*Not involved in counselling

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improved and the mother's rating, which was high at baseline, remained high. There is evidence of more positive relationship. The area of communication effectiveness is perceived by the father as somewhat inadequate. Since the parental sub-system establishes the norms for communication within a family, the family's communication pattern may show weaknesses similar to those perceived by the father.

The Therapy Process

1. Parental Assessments

The parents' evaluations of the counselling sessions indicated that the parents considered the family to have few problems. Both said there was open expression of feelings by all family members and the feeling tone was warm and close. While some unresolved conflict was identified in session one, on subsequent evaluations neither identified conflict. In general, neither indicated that there were problems either by writing "no problems" or "not applicable" on the form. The progress rating for the counselling varied. After the initial session, both saw a great deal of progress. The subsequent rating indicated some progress. No progress was made in the third session and the final rating was at *some progress*.

The parents' perception of the counsellor shifted as therapy progressed. On the initial and final sessions, they found her helpful and understanding. The two middle sessions rated her low on these dimensions.

At the interview, the mother reported that counselling had been good but that the family had not needed it. Both parents expressed a need for more specific input from the therapist about how they could do things differently. They described counselling as generally getting them to talk among themselves. Daughter One said she felt better after the sessions, but, like her mom, she felt the family could have managed without counselling. Daughter Two was especially enthusiastic about counselling. She said that it helped considerably, specifically in allowing her to accept her problem.

2. Therapist Summary

The first session dealt with the rape of Daughter Two and both girls' developing sexuality. Daughter Two was able to talk about the assault for the first time and felt relief at being able to do so. Daughter One was able to express her sadness concerning the issue. This process led to an identification of the father's difficulty talking with his daughters. The therapist described how father tended to be excluded as the girls first turned to each other and then to their mother. The therapist reported that issues relating to mother's role as family care-giver, the family's involvement with the extended family and father's fear of a mid-life crisis were discussed. In general, she had a sense that the family was functioning well. She reported a lack of clarity around what the family wanted from counselling.

The therapist felt the therapy had been useful for the family. The issue around the rape and the girls' sexuality generally improved openness and increased the girls' sense of being supported by their parents. As well, the parents began to look at what they could expect once the girls left home. The therapist thought that the parents had chosen to postpone further exploration of this issue.

3. Researcher Observations

The focus of the initial sessions related to the way the family members expressed caring for one another. Father appeared to be excluded because the children turned to their mother. Mother had also taken on the role of family care-giver. To improve the relationship between the father and his daughter, the therapist suggested activities they might do together. In addition, the therapist suggested to the father and the girls that they might express caring for the mother.

During the course of therapy, there seemed to be a general lack of clarity about the family's expectations. When the therapist checked out potential issues, the typical family response was that those areas were not problematic. When the therapist attempted to get specific examples of things they raised, the family kept their comments general.

From the researcher's perspective, there appeared to be undercurrents of tension in this family. These seemed to relate to the marital relationship and were evident in a general lack of openness, particularly by the mother. Both parents tended to allude to potential future problems, but there was a sense that *if* these developed, it would be some time later.

In sum, the researcher observed differences in the interaction between the daughters and the parents. There appeared, however, to be relationship issues between the spouses which needed to be addressed. The family at termination was seen to be somewhat improved.

Summary

Family 11A appears to have benefitted from the experience of family counselling. Both the interaction data and the individual measures indicate that change occurred. The evaluations of the therapy process from the three perspectives suggest a consensus that family counselling had been somewhat helpful. Particular differences in the identified patient were noted by both the therapist and the researcher. This girl, Daughter Two, reported on this difference as well.

In general, the improvement which was evident in family functioning was somewhat larger than expected. When the second sample of interaction was collected, the family had been out of therapy for almost six months. This suggests that improvement in family interaction was either increased or maintained over time.

It is difficult to claim with certainty the extent to which counselling accounted for the change. Any number of factors in the intervening time period could have facilitated the difference. However, most data suggest that without intervention, family systems are more likely to remain constant than they are to change. In the family discussion of the task *Choose a Color*, Daughter Two said the following):

(Daughter Two to all)	...they're always saying at the other side of the rainbow, right, you can find a pot of gold or treasures or something like that, right?...This sounds corny (laugh) but what I feel...I feel that we were searching for something at first, right? Like before, we never talked or anything or whatever. Do you remember?...Well we've searched...and we found it.
(Mother to Daughter Two)	What did you find?
(Daughter Two to all)	I don't know, well (pause), love, hope, faith...trust.

One could conclude that to some extent, family therapy had contributed to the improvement in family functioning.

Case Five: Family 5A

5A is a seven member blended family. The mother had three children prior to her marriage to the father. Upon marriage, he adopted the children. The couple then had two additional children. When they began family counselling, father was thirty-seven, mother thirty-six, Daughter One sixteen, Son One fifteen, Son Two twelve, Daughter Two seven and Son Three five years old. The family was in therapy with therapist A from February, 1981 to June, 1981 for a total of eleven family counselling sessions. Two interviews involved the marital dyad. At five counselling sessions, the father was absent.

The intake information stated:

> Referred by school counsellor two years ago, but they kept putting off going for counselling.
>
> Problem with Son Two who lies and steals. Mother says she can't cope anymore.

After the completion of counselling, this family was ranked ninth in terms of assessed improvement of the ten original families. As it presented itself at intake, the family system of Family 5A was extremely dysfunctional. Child abuse was quickly apparent as a family dynamic. At that time, most abuse was directed toward Son Two, but both of the older children had been prior recipients. While mother was the primary abusing parent, father was also involved.

At termination, while the family had made some gains, the researcher observed continued dysfunction in the system. Importantly, the abuse had stopped. The family had altered to some extent, but the system was not one which would encourage the development of healthy, autonomous individuals. In summary, the system was marginally improved. Despite this judgment about the system itself, one must not underestimate the importance of the intervention. While dysfunctional at termination, the family was no longer an abusing one.

Only two sets of data, baseline and termination, are presented on Family 5A. The mother phoned to cancel the first scheduled follow-up appointment because the oldest son had not arrived home. Before the next appointment, the mother phoned in a highly distraught state to say that Son Two had run away from home. The son was found in Lethbridge two days later and was returned home by the police. In consultation with the therapist, the family decided to pursue an earlier referral that had been made to a psychiatric program for adolescents and their families at another agency. Because of the distress the family was experiencing and the initiation of additional treatment, continued participation in the research was intrusive to the family. The family's reluctance was understandable and the follow-up data were not collected. The order in which the family discussed the assigned tasks was: 1. Choose a Color and 2. Plan Something

Interactional Analyses

1. The Beavers-Timberlawn Family Evaluation Scale

Figure IV.17 below graphically presents the results of the analyses on the two tasks using the *Beavers-Timberlawn Scale*. As measured in this way, prior to counselling the family presented itself as follows:

(a) Structure of the Family

Power was distributed through marked dominance. There was no negotiation and control was close to absolute with dominance and submission the rule. The relationship structure was in the form of a very weak parental coalition. There was isolation and indistinct boundaries amongst family members.

(b) Family Mythology

The family's concept of itself was incongruent with the way the members were seen to behave as a group.

(c) Goal-Directed Negotiation

The family's efficiency at solving problems was rated as poor.

(d) Autonomy

Family members were rarely clear in their disclosure of thoughts and feelings. Individuals failed to voice responsibility for their actions. There were occasional invasions whereby members spoke for one another. The family members were frequently closed and unreceptive to the statements of others.

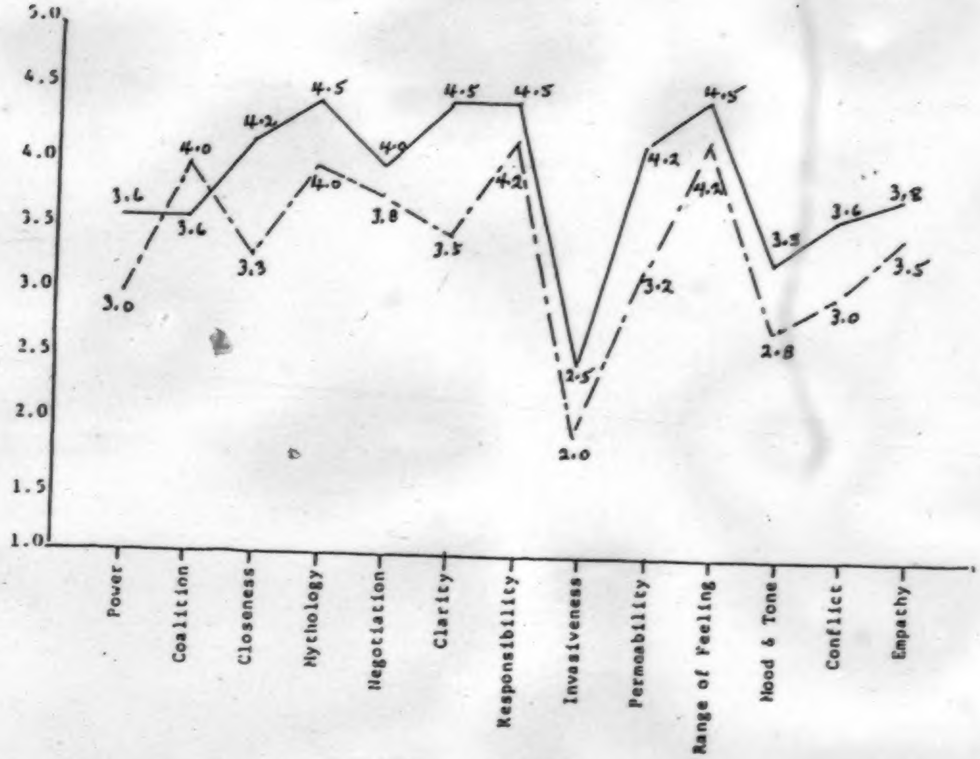

Figure IV.17

Results of the Scoring on the Beavers-Timberlawn Family Evaluation Scale for Family SA

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(e) Family Affect

Few feelings were expressed and those that were expressed, were masked. The feeling tone of family interaction was overtly hostile. There was definite unresolvable conflict with moderate impairment of group functioning. Generally, sensitivity to and empathic understanding of each other's feelings was absent.

The picture the above creates is of a highly disturbed family unit. There is rigid exercise of power and confusion in generational boundaries. Family members would tend to seem hostile and attacking toward one another. This atmosphere would contribute to the family's difficulty in resolving conflict and solving problems. In all likelihood, family members would feel lonely, unloved, hostile and sad.

At termination, with the exception of the parental coalition, all dimensions showed an improved numerical position. Some of the scores moved the family to a better definitional position. Power was scored at moderate dominance, indicating that some negotiation was now evident in discussion. While individuals were still isolated, there was more distinctness in the boundaries among members. The mythology was seen to be somewhat incongruent, a slight improvement. Albeit vague and hidden, there was increased clarity in members' disclosure of thoughts and feelings. There was some openness and receptivity to one another's statements. Finally, conflict was now rated as slightly rather than moderately impairing of group functioning.

In summary, the results of the *Beavers-Timberlawn* analyses showed improved functioning at termination. Family counselling appeared to have had a positive impact. The family system, however, remained definitionally dysfunctional.

2. The *Riskin-Faunce Family Interaction Scales*

Table IV.34 records the results of the analyses of the two samples of interaction on the *Family Interaction Scales*. Some quantitative changes in particular kinds of behavior were evident between baseline and termination. Descriptively, the following variations occurred:

(a) Agree/Disagree Scale

On the second task, members voiced some agreement with one another. While they were more likely to disagree than to agree, the fact that they would now agree suggests they were more open to one another's ideas.

(b) Topic Scale

The family appeared less able to pursue a topic and the total amount of topic change increased. However, the ratio of appropriate to inappropriate topic change was improved.

(c) Commitment Scale

The family was characterized by less total commitment on the second task. Requests for commitment appeared to be ignored.

(d) Relationship Scale

Table IV.34

Summary of the Speech by Speech Analyses of the Samples
Of the Family Interaction for Family 5A Using the
Riskin-Faunce Family Interaction Scales

	Agree/Disagree:			**Clarity:**			**Topic:**				**Commitment:**						**Intensity:**			**Relationship:**		
	Agree Disagree Non-Applicable			Clear Total Unclear NonScorable			Same Topic Appropriate Change Inappropriate Change Non-Scorable				Spont. Comm. Req. Comm. Comm. in Resp. Avoid Commitment Non-Applicable Non-Scorable						High Normal Low			Positive Neutral Negative		
	A	D	NA	C	TU	NS	ST	AC	IC	NS	SC	RC	CR	AC	NA	NS	H	N	L	P	N	Ng
B	0.0	3.1	88.5	90.8	0.8	7.6	56.5	21.4	12.2	9.2	9.2	10.7	3.1	0.0	68.7	8.4	21.4	62.6	9.9	3.8	66.4	21.4
T	3.8	5.0	84.2	91.4	2.2	6.5	49.6	39.6	4.3	6.5	2.2	7.9	0.7	0.0	82.7	6.5	16.6	66.2	10.8	5.8	79.9	9.4

*B = Baseline, T = Termination, F = Follow-up
All figures as percentage of total speeches

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The family was characterized by less negative relationsip, more positive and more neutral relationship. Although negative still exceeded positive relationships, there were fewer openly hostile or attacking speeches. In this family, neutral relationship indicates an improvement in affect amongst members.

3. Involvement Rates

Figures IV.18 and IV.19 below show the quantitative involvement, amount spoken and amount spoken to for the individual family members. Figure IV.20 records the direction of speeches.

By termination, mother's dominance in family discussion had increased. She initiated one-third of all speeches and more than forty percent of the conversation was directed to her. Father continued to be underinvolved. There was a tendency toward more balance amongst the children's participation, with the exception of that of the younger daughter. The most striking change was the direction of speech. Close to half of all speeches at termination were from child-to-parent. This suggests that, to some extent, leadership was exercised by the children.

4. Summary of the Interactional Analyses

From the analyses on the *Beavers-Timberlawn Family Evaluation Scale* and the *Riskin-Faunce Family Interaction Scales*, it appears that family counselling had had a

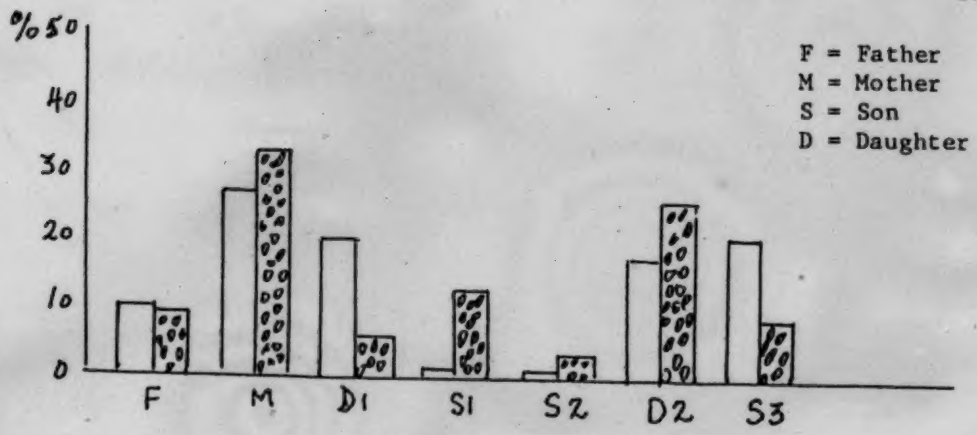

Figure IV.18

Summary (in percent) of amount spoken by each individual of Family 5A at baseline and termination testing

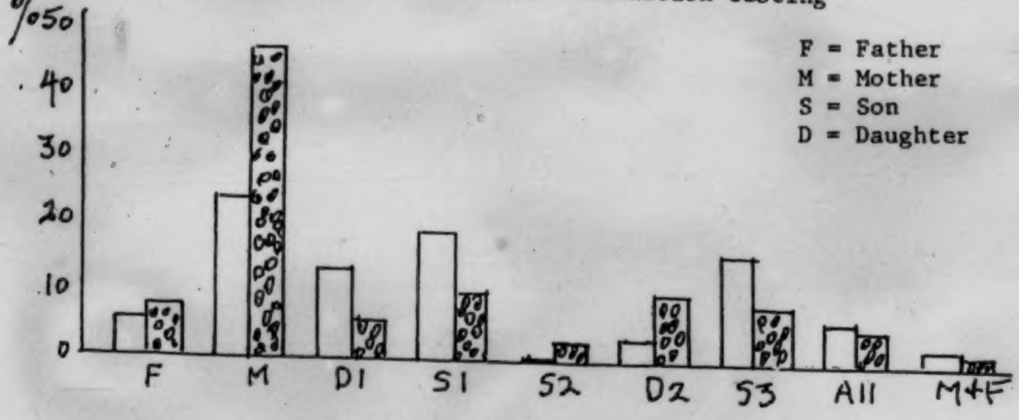

Figure IV.19

Summary (in percent) of number of speeches directed to individual members of Family 5A at baseline and termination testing

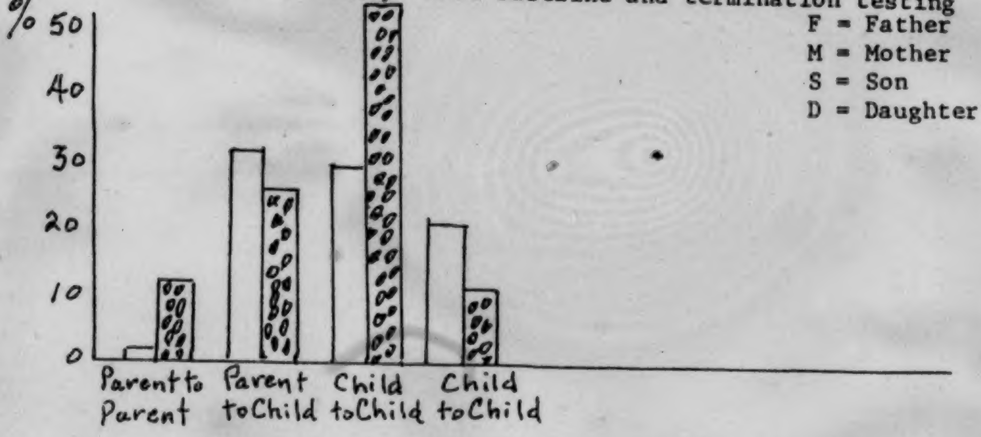

Figure IV.20

Summary (in percent) of who speaks to whom in Family 5A at baseline and termination testing positive impact on the interaction of Family 5A. There was evidence of more agreement amongst members, less negative relationship and less inappropriate topic change. Members appeared to be more receptive to one another's suggestions. Despite these as indications of improvement, the family system continued to be dysfunctional. Leadership by the parents remained weak or absent. Mother was over-involved in family interaction and her dominance suggests that there was little interaction between children or with the father. Continued difficulty in solving problems and eliminating conflict was evident on both analyses. In summary, the family was improved from its pre-counselling condition, but displayed evidence of remaining dysfunction.

Results from the Individual Data

1. Parental Measures

Tables IV.35 through IV.39 summarize the responses of the abbreviated *Marital Pre-Counseling Inventory*. While each spouse rated at least one area of marital interaction as improved, the general evaluation suggested no change or less satisfaction with the relationship. Indeed, with the father's decrease in commitment, the marriage itself appeared more vulnerable to potential dissolution. The differences between the way each spouse anticipated that the other would respond and the actual scores suggested continued or increased lack of shared understanding.

Table IV.35
Satisfaction with Decision Making: Family 5A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	14	2
Termination	10	7

*The lower the score, the closer the way the couple presently makes decisions, approaches the way he or she believes decisions should be made

Table IV.36
Satisfaction with Marital Interaction: Family 5A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	40	29	33	43
Terminationg	44	36	35	48

Scores of 12 = mostly happy
36 = moderately happy
60 = mostly unhappy

Table IV.37
Communication Effectiveness:Family 5A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	29	31	35	30
Termination	28	37	41	20

Scores of 50 = almost always effective
30 = sometimes effective
10 = almost never effective

Table IV.38
Degree of Agreement on Issues of Child Management: Family 5A

	Father	Mother
Baseline	21	9
2nd Testing	18	13

Scores of 6 = almost always agree
18 = sometimes agree
30 = almost never agree

Table IV.39
Commitment to and Optimism About the Relationship
(in percent)
Family 5A

	Father	Mother
Baseline	65	84.5
2nd Testing	47.5	91

Before counselling, the questionnaire responses provided the following information about the way the spouses were experiencing family functioning.

(a) Decision Making

Father reported that mother was the major decision maker related to issues about her job, children, social contact with relatives, money and the pursuit of personal interests. Father wanted all except his wife's job shared. As well, he reported wanting his spouse less involved in his own job. In contrast, mother responded that except regarding their respective jobs, most decision making was shared. She reported wanting all decisions shared.

(b) Satisfaction with Marital Interaction

Father's responses suggested general unhappiness. Areas identified as least satisfying were affectionate and sexual interaction with his wife, trust, management of free time, chores and finances. Mother reported moderate satisfaction on all areas except management of free time, chores and finances.

(c) Communication Effectiveness

From the father's responses, communication between him and his wife appeared strained. He reported not asking his wife for what he wanted from her and not receiving messages of appreciation. Mother rated communication as somewhat effective. She reported that there was mutual understanding sometimes. She assigned the *sometimes* score to items dealing with the spouses asking for what they wanted from each other. Items relating to each sending messages of appreciation to the other were also scored as *sometimes* effective. She reported being able to disagree and enjoying time with her spouse.

(d) Child Management

Father reported lack of agreement on issues related to the children. Of importance to healthy development of the children, he indicated that the they were frequently in the middle of the spouse's arguments. Mother saw general agreement on issues of child management.

(e) Commitment to and Optimism About the Relationship

At the baseline testing, the husband was generally committed to and optimistic about the marriage. The ratings of current happiness, however, were at the twenty-five percent level. Mother was committed and optimistic. She assessed her husband as only fifty-percent happy at that time.

At termination, mother was less satisfied with decision making. As with her husband, she now rated herself as more dominant in this area. Both reported wanting shared decision making. The satisfaction ratings of both spouses were slightly lower than in the pre-counselling position. Father continued to report general unhappiness, while mother was moderately happy. Father's rating of communication effectiveness decreased and several items received a *never* score. The father reported some agreement on child management, but continued to see the children as in the middle of marital disagreements. The mother saw general agreement except that, for her too, the children were sometimes caught up in their arguments. Finally, father, while still generally committed, reported much unhappiness and little optimism. In this he differed sharply from his wife.

2. Children Measures

Table IV.40 summarizes the responses of Daughter One to the *Bene Anthony Family Relations Test*. At baseline, this daughter reported ambivalence in her relationships with her parents. Ambivalence was indicated by the fact that neither positive nor negative items were clearly distinguished. By

Table IV.40

Results of the Bene Anthony Family Relations Test
Family 5A, Daughter One

	Distribution of Feelings									
	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	B	T	B	T	B	T	B	T	B	T
Self	1	0	0	0	0	0	1	0	2	0
Father	10	9	6	2	4	4	9	1	29	26
Mother	8	9	13	11	3	4	9	6	33	32
Son 1	6	7	3	0	4	4	3	0	16	11
Son 2	6	7	2	0	2	4	2	0	12	11
Dght.2	10	7	2	0	6	4	3	0	21	11
Son 3	11	7	2	0	5	4	3	0	21	11

B = Baseline
T = Termination

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termination, Daughter One reported a more positive relationship with her father. The relationship with her mother, however, continued to be characterized by ambivalence and negative feelings. The absence of items assigned to herself indicated that she lacked self-esteem and a positive self-concept.

Table IV.41 shows the scores of Son One on the *Bene Anthony Family Relations Test*. Son One showed some variations on the two test occasions. Most of the variance is in the dramatic increase in negative feeling toward his older sister. His relationship with his mother continued to be negative and there was almost an absence of any feeling to or from his father. Like his sister, this child lacked self-esteem.

Table IV.42 contains the scores of Son Two on the *Family Relations Test*. On each test occasion, this youngster assigned more items to each of three siblings than to his parents. In general, he appeared to have a restricted range of feelings which did not change. His assignment of positive items to himself at baseline was not retained at termination. The general sense of this child was that his primary relations were with his siblings rather than his parents.

Table IV.43 below records the distribution of items of Daughter Two to the *Family Relations Test*. At termination, this child showed a more normal distribution of feelings. Her parents were now identified as those with whom she had

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Table IV.41

Results of the Bene Anthony Family Relations Test
Family 5A, Son One

	Distribution of Feelings									
	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	B	T	B	T	B	T	B	T	B	T
Self	0	0	0	0	0	0	0	0	0	0
Father	0	0	0	1	0	0	1	0	1	1
Mother	1	0	9	9	0	0	7	4	17	13
Dght.1	5	0	1	12	2	0	3	6	11	18
Son 2	8	5	1	1	9	7	1	3	19	16
Dght.2	0	0	8	6	0	0	2	1	10	7
Son 3	2	2	0	1	2	1	2	1	6	5

B = Baseline
T = Termination

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Table IV.42

Results of the Bene Anthony Family Relations Test
Family 5A, Son Two

Distribution of Feelings										
	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	B	T	B	T	B	T	B	T	B	T
Self	1	0	0	0	1	0	0	1	2	1
Father	2	3	0	0	1	2	0	0	3	5
Mother	2	1	1	1	1	1	1	1	4	4
Dght.1	2	2	0	0	1	4	2	0	5	6
Son 1	4	2	0	0	3	3	0	1	7	6
Dght.2	1	1	2	7	1	1	0	2	4	11
Son 3	1	1	1	0	2	2	2	0	6	3

B = Baseline
T = Termination

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Table IV.43

Results of the Bene Anthony Family Relations Test
Family 5A, Daughter Two

	Distribution of Feelings									
	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	B	T	B	T	B	T	B	T	B	T
Self	1	2	1	0	0	0	0	0	2	2
Father	9	12	0	1	8	13	1	2	18	29
Mother	8	9	0	1	10	12	1	1	19	23
Dght.1	4	4	0	1	4	6	0	0	18	11
Son 1	1	4	1	0	0	7	2	1	4	12
Son 2	0	3	4	6	0	6	6	5	10	20
Son 3	1	3	3	2	2	9	0	0	6	4

B = Baseline
T = Termination

the highest involvement. This differed from baseline, when the older daughter was perceived as similar to the parent. She also showed improved relating with her older brother to whom she assigned positive items on the second test occasion. As with her siblings, she appeared to have an inadequate self-concept.

Table IV.44 presents the results of Son Three to the *Family Relations Test*. This youngster shifted from slightly greater involvement with his father to equal involvement with both parents. At termination, he assigned an increased number of negative items to his older brother (Son Two).

3. Summary of the Individual Data

The combined results from all the family members indicated some minor change in the experienced family function. The change was as often positive as negative. Most importantly, the family is characterized by children with low self-esteem and a father who reported much unhappiness. The responses suggested that the mother continued to be seen as negative. As well, the older three children tended to be either over- or under-involved with their parents in view of their respective ages. Taken together, this family did not, on either test occasion, appear by its members to be one which fostered a sense of being valued or cared for.

The Therapy Process

Table IV.44

Results of the Bene Anthony Family Relations Test
Family 5A, Son Three

Distribution of Feelings	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	B	T	B	T	B	T	B	T	B	T
Self	1	1	1	0	0	0	1	0	2	1
Father	5	3	1	0	4	5	2	0	12	8
Mother	4	4	1	0	3	3	2	1	10	8
Dght.1	0	0	0	1	0	0	0	0	0	1
Son 1	0	0	0	0	1	0	1	0	2	0
Son 2	0	1	2	3	3	1	1	6	6	11
Dght.2	0	0	0	3	0	0	1	1	1	4

B = Baseline
T = Termination

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1. Parental Assessments

The father did not attend the last five counselling sessions. On the sessions that were assessed by both parents, there was a gradual movement toward more openness in feelings and an increased sense of being able to understand the feelings of others. In general, mother was seen to be the leader, although there was some increased sharing. Both reported a steady sense of progress in solving problems and resolving the issues for which they were in counselling. The amount of unresolved conflict and the extent to which it was seen to be impairing fluctuated throughout the process. In general, mother rated things more positively than did father. For the sessions in which she was the only parent present, the mother had a tendency to seem somewhat less sure in her ratings. Both parents generally saw the counsellor as understanding, helpful and supportive, but the ratings by the father were less positive.

At the interview following counselling, the mother said the process had been very helpful. Father, in contrast, said it had not helped. The children varied, with the oldest daughter experiencing the most gain.

2. Therapist Summary

The therapist reported initially that the issues bringing Family 5A to counselling were unclear. The first two sessions were essentially diagnostic. This involved history taking and eventual identification of the mother's concern about hitting the children, especially the middle son. The therapist reported a general lack of nurturing and loving in the family.

The therapist saw the parents alone for the third and fourth sessions. In these sessions, she explored the way in which mother's anger was expressed and the father's reaction to her anger. The therapist specified how the mother's difficulty with anger and the dynamic between the parents got translated into anger and ultimately abuse toward the children. She worked with the couple on the way they might express anger *and* caring.

In general, the therapist helped separate the parents' frustration from the children and in doing so found that the abuse stopped. She worked toward strengthening the support and caring within both family and between the parents. Initially, the therapist reported that the middle son's behavior settled down. She became concerned when the stealing behavior re-emerged and stressed the importance of the parents giving him positive attention. At this time, the mother was unable to respond differently. The therapist felt that the mother could not provide the nurture that this child needed. She referred him to a local adolescent program, hoping that this would provide a forum in which he might develop healthier self-esteem.

3. Researcher Observations

In general, the process of counselling could be described as a difficult one. The initial two sessions seemed exploratory, with difficulty in identifying issues. The second session was the most difficult of any session with any of the ten families. Every time the therapist started addressing an issue, someone changed the topic. About ten minutes before the end of the counselling session, the issue of abuse was identified. The tension reduced immediately. The therapist's ability to talk calmly and clearly about this dynamic appeared to allow the family members themselves to talk more openly. The therapist identified the way in which anger got expressed and provided both an historical and systemic understanding for the couple. She challenged the parents to try to get their needs for caring about each other met. When they did not follow through on an assignment to spend time together, she pushed them to understand their need for separateness.

The therapist appeared actively to teach the parents about parenting. She pointed out that they had been parented inadequately themselves and had no healthy model of how to parent. She discussed the importance of praise and positive attention. She talked about the need for each child to have a space of his own. When Son Two's stealing re-emerged and the family seemed unable to respond positively, the therapist suggested a referral to an adolescent program.

In general, while the therapy was characterized by hard work and moving incidents, the family's inability to nurture remained. Of significance in response to a concern from the older daughter, the therapist said that abuse was not hereditary. She clearly let the children in the family know that they could learn to parent differently from the way in which they were being parented.

Summary

From all sources, the information suggests that, while some positive change occurred for Family 5A as a result of counselling, the gains were not sufficient to shift the basic dysfunctional structure of the system. The system remained one in which its members were unhappy and isolated. The benefit that the children received through the cessation of abuse is not measurable. It can be hoped that the children learned that they would not need to do the same.

Case Six: Family 13A

13A is a five member family composed of father, mother, daughter and twin sons. When they started therapy, the father was thirty-three, the mother thirty-two, the daughter eleven and the sons ten years old. They were in counselling with therapist B for a total of three sessions in November, 1981 and December, 1981.

The intake information stated:

Referred by psychiatrist. Problem with Son One. Mom says he is "a bedwetter, causes a lot of problems, does not seem to fit in, does things to get attention, is not as bright as the other two".

This family was seen by the researcher to be least improved of the ten participating families. Dysfunction in family functioning was observed both at the beginning and at the end of counselling. Indeed, this family had terminated without contacting the Family Counselling Service. They had missed a scheduled appointment. When the therapist contacted the mother, she was told that the mother wanted to come back but father was not interested. The mother said she would talk to the father to see if he would come in. She failed to return subsequent phone calls and the file was closed.

The researcher had some difficulty collecting the last two samples of interaction for this family. After several missed appointments--some cancelled, some not--the termination data were collected in the first week of June, 1982. While not quite three months later, for her own convenience the researcher collected the follow-up data in mid-August.

The order in which Family 13A discussed the tasks was: 1. Choose a Color, 2. Plan Something and 3. Choose a Family Day.

Interactional Analyses

1. The Beavers-Timberlawn Family Evaluation Scale

Figure IV.21 below presents the results of the analyses of the three tasks using the *Beavers-Timberlawn Scale*. On the baseline sample of family interaction, the system presented itself as follows:

(a) Structure of the Family

The family interaction was scored as leaderless with no one having sufficient control to structure the discussion. The relationship structure was in the form of a parent-child coalition. There were amorphous, vague and indistinct boundaries among family members.

(b) Family Mythology

The family's concept of how it functioned as a group was very incongruent with the way they were observed to behave.

(c) Goal-Directed Negotiation

The family was rated as extremely inefficient in negotiating problem solutions.

(d) Autonomy

Hardly anyone was ever clear in the disclosure of thoughts and feelings. Individuals rarely voiced responsibility for their actions. There were few invasions in which one member spoke for another. Members were rated as frequently unreceptive to the statements of other family members. There was a general lack of openness and permeability.

(e) Family Affect

The family was characterized by a very narrow range of feelings, most of which were masked. The family feeling tone

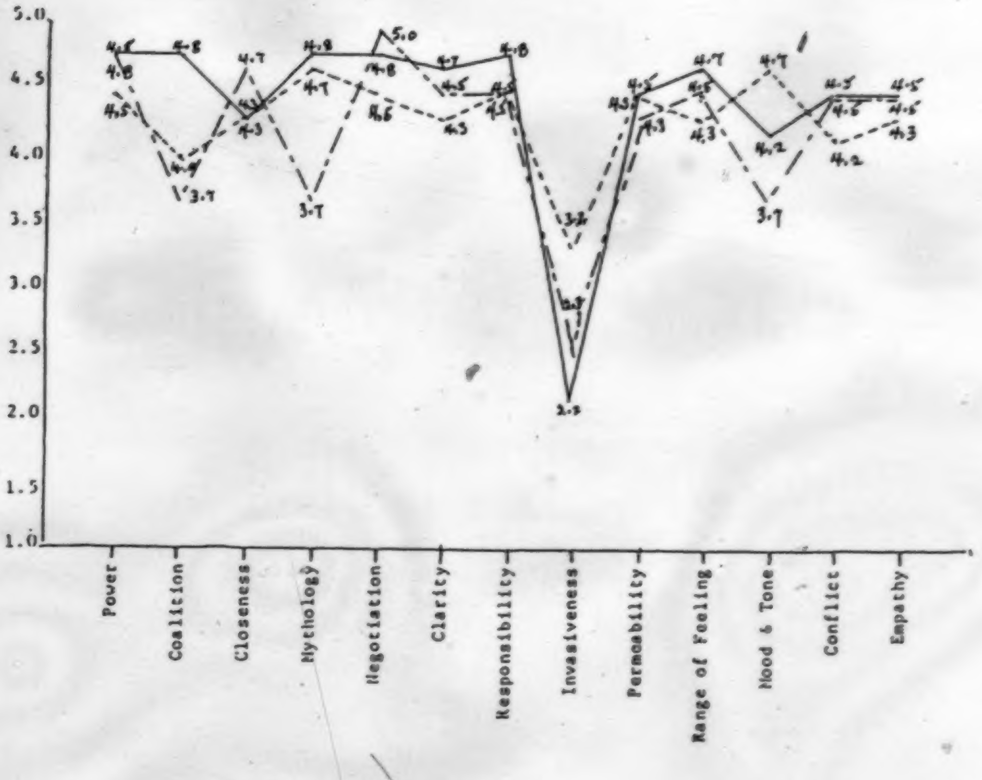

Figure IV.21

Results of the Scoring on the Beavers-Timberlawn Family Evaluation Scale for Family 13A

Analysis # 1 ———
Analysis # 2 —·—·—
Analysis # 3 - - - - -

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was depressed. There was severe conflict which was extremely impairing of group functioning. Members displayed an absence of empathic responsiveness, showing no sensitivity to nor understanding of one another's feelings.

Taken together, this information suggests that before counselling, the family system of Family 13A was highly dysfunctional. There was a sense of chaos, leaderlessness, absence of generational and individual boundaries. Indeed, individuals would lack individual uniqueness. One member would not be distinct from another. This lack of individuality, coupled with an absence of an executive function in the family, would combine to contribute to the absence of responsibility and autonomy. The inefficiency in problem solving combined with the severe conflict would result in discussion that was mostly irrelevant. Indeed, one might hypothesize that carrying on a ten-minute discussion as a family was a most unusual occurrence for this family unit.

On the second evaluation, the family was scored as essentially unchanged except with respect to the parental coalition and the family mythology. The relationship structure was now seen to be characterized by a very weak parental coalition. This would imply that parent-child alliances would continue to be evident, but that there would also be some indication of a parental subsystem. In other words, while generational boundaries would be crossed frequently, the parents would occasionally work together.

The shift in mythology is indicative of an increased similarity between how the group saw itself and how it actually behaved. Despite these modifications of family functioning, the family continued to be dysfunctional on all subscales with the exception of invasiveness.

At follow-up, the family was again observed to be highly dysfunctional. The parental coalition had retained some of its improvement. There was more invasiveness. On all dimensions assessed using the *Beavers-Timberlawn Scale*, the family system proved to be dysfunctional. Family counselling appeared to have no or minimal impact.

2. The Riskin-Faunce Family Interaction Scales

Table IV.45 records the results of the analyses of the three samples of interaction on the Family Interaction Scales. No clearly identifiable pattern of alteration in communication behavior was evident on the *Riskin-Faunce Scales*. This suggested little, if any, impact of family counselling on the functioning of the family system. The following summarizes descriptively the information gained on the analysis.

(a) Agree/Disagree Scale

The family was able both to agree and disagree. At follow-up and termination there were more agree than disagree responses whereas on the baseline tape, family members disagreed more than they agreed. The best ratio was achieved at termination, with family members showing much

TableIV.45

Summary of the Speech by Speech Analyses of the Samples
Of the Family Interaction for Family 13A Using the
Riskin-Faunce Family Interaction Scales

	Agree/Disagree:			Clarity:			Topic:				Commitment:						Intensity:			Relationship:		
	Agree Disagree Non-Applicable			Clear Total Unclear NonScorable			Same Topic Appropriate Change Inappropriate Change Non-Scorable				Spont. Comm. Req. Comm. Comm. in Resp. Avoid Commitment Non-Applicable Non-Scorable						High Normal Low			Positive Neutral Negative		
	A	D	NA	C	TU	NS	ST	AC	IC	NS	SC	RC	CR	AC	NA	NS	H	N	L	P	N	Ng
B	3.6	4.2	87.4	86.2	7.2	6.0	40.7	21.0	33.0	5.4	1.2	1.8	0.0	0.6	95.8	6.6	25.1	64.1	10.8	0.6	64.7	31.1
T	7.6	1.0	83.3	87.9	3.0	9.1	44.9	19.7	26.3	9.1	7.6	3.0	1.0	0.0	79.8	8.6	21.2	71.7	5.6	0.5	71.1	20.7
F	4.7	3.6	83.4	88.8	6.5	4.7	51.5	16.0	23.1	9.5	5.9	7.7	10.1	1.8	66.3	8.3	17.8	68.0	13.0	1.2	66.3	27.8

*B = Baseline, T = Termination, F = Follow-up
All figures as percentage of total speeches

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more willingness to agree with one another.

(b) Clarity Scale

The proportion of clear speeches was similar on all three test occasions. The percentage of unclear speeches varied somewhat on the three assessments. The variation appeared to be between the unclear and the non-scorable categories.

(c) Topic Scale

On each successive evaluation, Family 13A improved its ability to stay on a topic. However, inappopriate topic change exceeded appropriate topic change each time. In general, the family made progress in being able to pursue a topic. More often than not, the discussion would impede completion of the assigned task. The change does indicate that family members were more often discussing the same thing. This suggests that they attended to and listened to one another's ideas more frequently.

(d) Commitment Scale

There was an increase in total commitment on each consecutive sample of interaction. On the baseline sample, members rarely committed themselves. This suggests that there were few clear statements of preference from the individuals. By termination, members were much clearer in stating their desires. An interesting change appears on the follow-up sample. There was an increase in requests for commitment and responses to those requests. It appeared, then, that the family was attempting to seek one another's ideas.

(e) Intensity Scale

The family was characterized by a wide range of intensity on the three samples of interaction. Proportionately, the second two tapes had somewhat higher frequency of normal intensity than had the baseline tape.

(f) Relationship Scale

This family was characterized by negative relating. At baseline, fully thirty percent of all speeches contained a hostile, complaining or attacking quality. While reduced in quantity at termination, the follow-up tape showed results that were close to those in the pre-counselling position.

To summarize, the family appeared to attempt to stay on tasks more on the second and third test occasions. The continued high level of negative relationship and the frequent inappropriate nature of discussion would interfere with this effort.

3. Involvement Rates

Figures IV.22 and IV.23 below show the quantitative involvement in terms of amount spoken and amount spoken to for the individual family members. Figure IV.24 records the direction of speeches.

Mother appeared as the dominant family member both in speaking and being spoken to. In fact, most conversation was directed toward her. Father failed to talk much and seemed

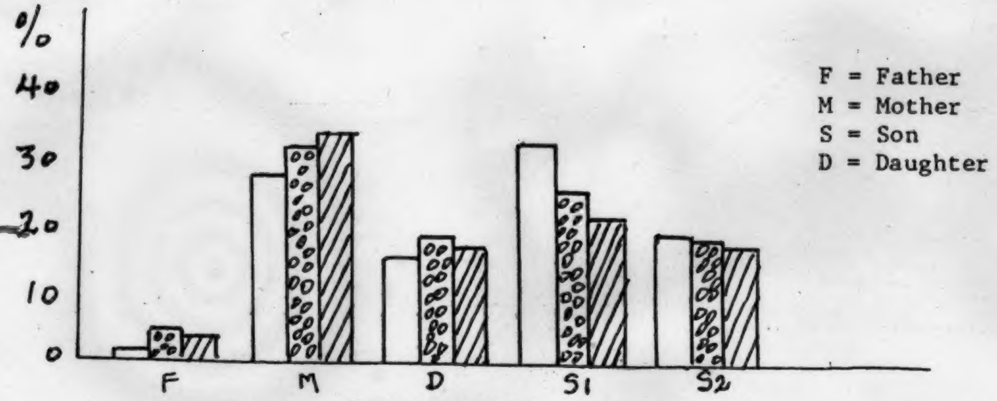

Figure IV.22

Summary (in percent) of amount spoken by each individual of Family 13A at baseline, termination and follow-up testing

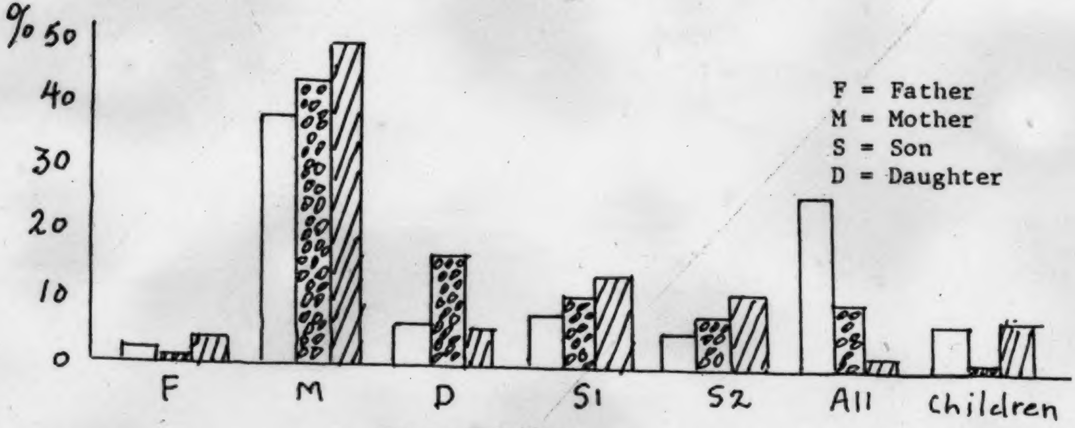

Figure IV.23

Summary (in percent) of number of speeches directed to individual members of Family 13A at baseline, termination and follow-up testing

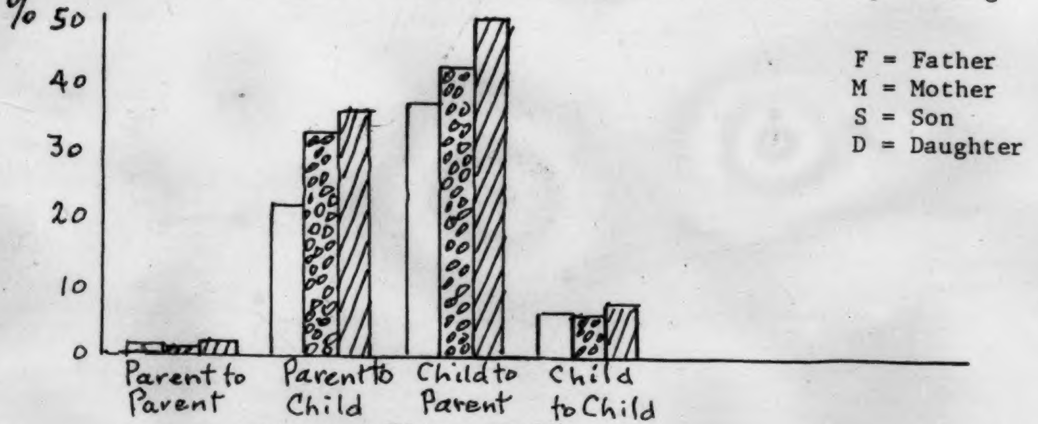

Figure IV.24

Summary (in percent) of who spoke to whom in Family 13A at baseline, termination and follow-up testing to be essentially outside the family discussion. The parents rarely spoke to one another. On each sample of interaction, child-to-parent speeches formed the largest proportion. This may indicate that the children more often initiated and provided the direction for the discussion.

4. Summary of the Interactional Analyses

The *Riskin-Faunce* data suggested that this family tried sincerely to improve its handling of the assigned tasks. Both analyses, however, suggest that the family was so dysfunctional that its ability to discuss the topics adequately was severely limited. Extremely inefficient problem solving, unresolvable conflict and inappropriate topic changes would combine to prohibit normal conversational behavior. As well, lack of leadership would result in directionless discussion. This family system would be unable to foster the development of healthy responsible and autonomous individuals. Members would be indistinct and the family would appear hostile and uncaring. Individuals would have low self-esteem and there would be a sense of hopelessness in their interrelationship.

Results from the Individual Data

1. Parent Measures

Tables IV.46 through IV.50 summarize the responses of the spouses to the abbreviated *Marital Pre-Counseling*

Table IV.46
Satisfaction with Decision Making: Family 13A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	NR	2
Termination	NR	2
Follow-up	NR	2

NR - No Response
*The lower the score, the closer the way the couple presently makes decisions and approaches the way he or she believes decisions should be made

Table IV.47
Satisfaction with Marital Interaction: Family 13A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	32	NR	26	NR
Termination	35	30	33	37
Follow-up	36	32	36	37

NR -No Response
Scores of 12 = mostly happy
36 = moderately happy
60 = mostly unhappy

Table IV.48
Communication Effectiveness: Family 13A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	36	34	36	36
Termination	27	37	36	29
Follow-up	36	33	33	33

Scores of 50 = almost always effective
30 = sometimes effective
10 = almost never effective

Table IV.49
Degree of Agreement on Issues of Child Management
Family 13A

	Father	Mother
Baseline	16	14
Termination	17	13
Follow-up	13	15

Score of 6 = almost always agree
18 = sometimes agree
30 = almost never agree

Table IV.50
Commitment to and Optimism About the Relationship
(in percent)

Family 13A

	Father	Mother
Baseline	84.5	73.3*
Termination	75.5	72
Follow-up	84.5	72

*Mother did not score any items referring to her spouse

Inventory. Each spouse reported a decrease in overall satisfaction; both *moderately happy* on the final test. With the exception of father's termination score which showed a decrease, communication effectiveness was similar on each occasion. Agreement on child management was rated between *sometimes* and *always* by both spouses. Commitment to and optimism about the relationship were rated generally high. It seems that in terms of the numerical rating, the spouses perceived very little change over time.

Before counselling, the questionnaires provided the following information about the spouses' perceptions of the marital relationship:

(a) Decision Making

Father appeared to see areas which mother decided and which he decided. Mother dominated in issues relating to children, sexual contact, and the pursuit of personal interests. Father decided about his own job, while decisions relating to his wife's job were shared. Mother also reported areas where each spouse was the major decision maker. She handled the children and her job; father decided on when to have sexual relations and his job. Mother wanted sexual contact to be an area of shared decision making.

(b) Satisfaction with Marital Interaction

Father generally appeared moderately satisfied with the relationship. Areas of conflict appeared to be the management of children, management of finances and the spouse's affectionate and social interaction with one another. Mother appeared to be mostly happy. However, areas of conflict were identified as the affectionate, social and sexual interaction with her husband. The management of children was seen to be an area of great dissatisfaction.

(c) Communication Effectiveness

Both spouses rated as quite high their own ability to understand. Father felt each would sometimes ask the other for what he or she wanted. From his perspective, there were some messages of appreciation, some mutual interest and some enjoyment. Mother reported always sending messages of appreciation, father only sometimes. She reported listening with interest and always enjoying her husband's company. She saw both as only sometimes asking the spouse for what was wanted and being sometimes comfortable with disagreement.

(d) Child Management

Both reported always being supportive of one another and that they kept the children out of their arguments. Father saw no agreement on appropriate responsibilities and only occasional agreement on when to praise the children. Mother rated *some agreement* on each of these areas.

(e) Commitment to and Optimism About the Relationship

Both spouses were committed to the relationship. Father was relatively optimistic about the future of the relationship. In contrast, mother did not score the items relating to anticipated growth and future happiness.

At termination, the assignment by both spouses on the decision making scale was the same for both spouses. Father rated some change in communication effectiveness in a negative direction. At that time, he saw no messages of appreciation being expressed and little or no listening with interest between the spouses. The other areas showed similar ratings with the exception that father's current happiness score decreased.

The similar position on all scales on all three test occasions suggests that the parents perceived the relationship as the same. From the information available from this source, counselling does not appear to have had an impact.

2. Children Measures

Table IV.51 summarizes the responses of the Daughter on the *Bene Anthony Family Relations Test*. The daughter of Family 13A appears to have perceived change in family functioning. Indeed, there were changes on each test occasion. On the first two tests, she saw her relationship with her father as very positive. By follow-up, this relationship was predominantly negative and there were no incoming positive feelings from him. The negative feelings coming from her second brother were substantially reduced at follow-up. The proportionate distribution of items to her parents appeared atypical. She had more involvement with her father than with her mother. While assigning one item to herself at each testing, she appears to have an inadequate self-concept.

Table IV.52 shows the scores of Son One on the *Bene Anthony Family Relations Test*. Son One showed consistency in his perception of his family except with himself and his siblings. He assigned fewer positive feelings to himself. The sibling from whom he experienced receiving the most negative feelings switched from his sister to his brother. The small number of negative items assigned to his parents contrasts with his sister's perception of the family. In general, his feeling range was somewhat restricted.

Table IV.51

Results of the Bene Anthony Family Relations Test
Family 13A, Daughter

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	1	1	1	0	0	0	0	0	0	0	0	0	1	1	1
Father	8	13	4	0	3	3	9	3	0	0	2	9	17	21	16
Mother	5	2	6	0	2	1	4	4	2	1	3	0	10	11	9
Son1	0	1	0	8	2	5	0	0	0	1	3	0	9	6	5
Son2	0	0	0	7	8	7	0	0	0	13	6	1	20	14	8

B = Baseline
T = Termination
F = Follow-up

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Table IV.52

Results of the Bene Anthony Family Relations Test
Family 13A, Son One

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	4	1	1	1	0	1	0	0	0	0	0	0	5	1	2
Father	3	6	5	1	0	1	5	5	6	1	2	1	10	13	13
Mother	6	7	6	1	0	0	6	7	6	0	0	0	13	14	12
Dght.	0	1	0	5	5	5	0	0	0	6	4	2	11	10	7
Son2	1	1	2	2	3	3	1	2	1	3	4	5	7	10	11

B = Baseline
T = Termination
F = Follow-up

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Table IV.53 contains the distribution of items by Son Two on the *Bene Anthony Family Relations Test*. Son Two's responses indicated that his positive relating was with his mother and that there was a negative relationship with one sibling or the other. His positive perception of himself disappeared by the follow-up test. His distribution of items suggests he is underinvolved with his father.

3. Summary of the Individual Data

In total, the five individual perspectives did not show change consistent with perceived improvement in family functioning. The children appeared to have low self-esteem. There was a tendency for mother to be seen as more involved with the boys and father with the girl. This suggests cross-sex parent-child alliances. Son One expressed a somewhat narrower range of feelings than did his siblings. The parents generally reported no change. The relationship was somewhat satisfying. Commitment to the marriage, however, was high by both spouses. As experienced from the inside, the family system did not seem different after counselling. Of importance, it also was not experienced as particularly disturbed. This contrasts sharply with the observed functioning of the family from the researcher's perspective.

The Therapy Process

Table IV.53

Results of the Bene Anthony Family Relations Test
Family 13A, Son Two

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	5	3	0	0	0	0	1	1	1	0	0	0	6	4	1
Father	2	2	1	0	4	0	0	1	2	2	5	5	4	12	8
Mother	8	11	13	0	0	0	8	10	9	0	0	1	16	21	23
Dght.	0	0	0	1	10	12	0	0	1	3	7	6	4	17	19
Son 1	0	1	4	13	3	6	2	2	1	5	1	3	20	7	14

B = Baseline
T = Termination
F = Follow-up

1. Parental Assessments

The parents rated only one of the three sessions. In that session, there was some openness by the spouses and they perceived others as being open. Both reported being somewhat understanding of others. They reported that father was the leader, with little sharing of that function. They reported many interruptions and inappropriate topic changes. They identified a high degree of unresolved conflict, but both reported that progress was made toward solving the issues for which they were in counselling. The counsellor was seen to be very understanding, helpful and supportive.

In the interview at termination, the mother reported that she had wanted to continue counselling, but her husband had not. Previously, the mother had had counselling with Son One. She preferred this format to family counselling. In the former experience, she and the son had learned behavioral methods which helped eliminate Son One's bedwetting problem. Mother felt that laziness was related to their not following up on what they learned. She felt that counselling gave her the motivation to follow through in her previous experience with counselling.

The father reported not perceiving problems in the family. He said that the therapist had essentially agreed with this assessment.

None of the three children would comment on the counselling. When asked, each became quite agitated and either began to giggle or turn away. Each time one child was invited to talk, the mother became quite punitive toward the other two. She seemed to blame them for the third child's inability to answer. The threats involved "grounding" and "smacking". Such punishment was not what the researcher wanted from their participation in the study.

2. Therapist Summary

The therapist observed that father was quiet, the daughter appeared to be the *good* child and Son One was the identified problem. She suggested tasks by which the family could relieve specific concerns raised. These involved setting time aside for mother between when she came home from work and when she was to be available to the children. As well, children were to become responsible for getting themselves up in the morning to reduce the arguing that was occurring. The first of these interventions seemed to work. For a time, the second was successful, but the family stopped using it and the former process reappeared. The therapist reported that the mother raised the issue of her relationship with her husband. When the counselling focussed on the marriage, however, she felt that the mother would not pursue the issue.

In the interview, the therapist reported that the counselling had provided some minimal relief. This was essentially related to the time provided for mother. The therapist also felt that the family knew how to stop the bed-wetting, but were choosing not to do so. Finally, she expressed concern that the family had terminated in the way that it had.

3. Researcher Observations

The researcher felt that this family displayed a great deal of conflict: conflict among the children, between the parents and between the parents and the children. They stressed that Son One was the problem. By so doing, there was a failure to commit to working at the family level generally. When the therapist suggested that mom could have five minutes to herself after work, father proved unco-operative. He said he would not help either by preparing supper or playing with the children. This incident demonstrates his apparent resistance to change.

During the third session, the therapist addressed the issue of the marital relationship. She reinforced the changes that they already had made in this area. In particular, father had apparently had a drinking problem which had stopped. The two spouses appeared to have very different perspectives. Mother alluded to serious conflict; father said the relationship was fine. The decision to stop counselling meant that the couple had accepted father's assessment.

Summary

From all that has been discussed above, family counselling appeared to have little or no impact on family functioning with Family 13A. In fact, the family was judged to be highly dysfunctional on each of the samples of interaction. The family would be one which in all likelihood would encourage the development of emotionally unhealthy individuals. The researcher was disturbed by the children's behavior which could be described as irrelevant. There was no apparent nurture nor clear statement of importance extended to any individual family member. This family is clearly in need of further intervention.

B. Part Two: The Remaining Four Case Studies

As described earlier in this dissertation, the original design of the study included ten families. While the interaction was analyzed on only six of these families, the remaining four families will be discussed. The information accumulated from the individual measures and the observations of the therapy process provide the basis for the descriptions.

Case Seven: Family 4A

Family 4A is a six-member family of whom five were involved in the therapy. When they started family counselling, father was fifty, mother forty-nine, Son One twenty-four, Son Two eighteen and Son Three sixteen years old. A daughter, twenty-two, was living on her own. The family was in therapy with therapist A from November, 1980 to February, 1981, for a total of eight family counselling sessions.

The intake information stated:

> Referred by a psychologist. Problem -- Son One is unemployed, living at home, doing nothing for the past year except watching television. He can't sleep at night and talks about suicide. Other children are being affected by his behavior.

Family 4A was ranked third in assessed improvement of the ten original families. This family was observed to have made many gains as a result of therapy. At intake, one son was a diagnosed schizophrenic. He had been hospitalized twice. Another son, the identified patient, was depressed. The major issue facing the family became the separation of the oldest son from the family group. The therapy successfully achieved this end. There were also noticeable gains to the middle, schizophrenic youth. As well, the marital relationship of the parents seemed somewhat improved. In general, however, the family was classified as somewhat improved. In the researcher's judgment, the gains were not sufficient to move the family to a position of healthy functioning.

Results from the Individual Data

1. Parental Measures

Tables IV.54 through IV.58 summarize the spouse's responses to the abbreviated *Marital Pre-Counseling Inventory*. The numerical results suggest that family relationships were perceived somewhat similarly on all three test occasions. Before counselling, the questionnaires provided the following information about the way the spouses were experiencing family functioning.

(a) Decision Making

Father's responses suggested some conflict related to the way in which decisions were being made. There appeared to be differences around each spouse's hours, jobs and sex. Father also seemed to favor one or other spouse being the primary decision-maker in certain areas. This gave the impression of rather traditional role expectations. For example, father would show leadership relating to money, sex and social interaction with friends. Mother would decide about social interaction with relatives. Mother appeared more satisfied with the way decisions were made. Where there were differences, she perceived her spouse to be the one more involved. These areas involved praising and punishing children, social interaction with friends and relatives and money. She indicated wanting shared decision-making.

(b) Satisfaction with Marital Interaction

Father identified issues of children, free time and jobs as unsatisfactory. As well, he perceived his spouse to be unhappy with their affectionate interaction and the trust between them. In contrast, mother saw herself as happy with

Table IV.54
Satisfaction with Decision Making: Family 4A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	11	6
Termination	11	8
Follow-up	13	6

*The lower the score, the closer the way the couple presently makes decisions approaches the way he or she believes decisions should be made

Table IV.55
Satisfaction with Marital Interaction: Family 4A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	28	36	26	32
Termination	37	37	30	35
Follow-up	23	34	30	32

Scores of 12 = mostly happy
36 = moderately happy
60 = mostly unhappy

Table IV.56
Communication Effectiveness: Family 4A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	39	NR	34	32
Termination	32	32	34	31
Follow-up	38	30	33	36

NR - No Response
Scores of 50 = almost always effective
30 = sometimes effective
10 = almost never effective

Table IV.57
Degree of Agreement on Issues of Child Management: Family 4A

	Father	Mother
Baseline	15	NR
Termination	14	13
Follow-up	14	13

NR - No Response
Score of 6 = almost always agree
18 = sometimes agree
30 = almost never agree

Table IV.58
Commitment to and Optimism About the Relationship
Family 4A

	Father	Mother
Baseline	86.5	NR
Termination	82.5	81
Follow-up	78.5	78.5

NR - No Response

their affectionate interaction, her husband only moderately so. A similar opposite perception appeared on items of trust and sexual interaction. The wife identified management of chores as an important but unsatisfying issue. She felt that her husband was unhappy about finances and social interaction with friends.

(c) Communication Effectiveness

Father perceived himself as more positive in communication than his wife. For example, he rated himself as the more understanding of the two. He felt that mother would rate him low on items such as showing appreciation. He felt that she would say she did not enjoy spending time with him. Mother also saw her husband as the more effective of the two. She saw herself as not asking for what she wanted from her spouse. From her perspective, both had difficulty in understanding and expressing appreciation.

The other areas covered in the questionnaire were not scored by the mother. There could be any number of reasons for this. She stopped just before the section asking about their sexual relationship and that may have been a sensitive topic. The father actively persuaded other family members to agree to the research. Mother was somewhat reluctant, but complied. Not completing the questionnaire may have been her way of asserting herself. Or, alternately, during the time when family members were completing the questionnaires, there were several statements about the mother's slowness and lack of ability. She may have been hurt by these remarks. Whatever the reason, she failed to complete all of the questionnaire.

Based on what was completed, there appeared to be areas of conflict identified by both spouses. The areas identified were sometimes different. The spouses tended to see things as operating differently, suggesting lack of a shared understanding of family functioning.

At termination, the same issues and differences from the ideal were evident. Father tended to want a greater share of the decision making. Mother saw him as more involved and wanted shared decision making. Father reported dissatisfaction in all areas of interpersonal contact with his wife. Mother was somewhat less happy than at baseline. Trust, children, finances and social interaction with relatives appeared problematic. These concerns were different from those in her baseline questionnaire. While communication was mid-range in effectiveness for both, each now reported enjoying spending time with the other. Both expressed some agreement on issues related to the children. Requests for money were seen to be an area of disagreement by both. The couple generally seemed committed to and optimistic about their relationship.

Follow-up showed no change in decision making. Father returned to a position of being generally satisfied with their interaction. Communication was seen to be reasonably effective, with both identifying difficulty with disagreement. In the end, their responses to the Commitment Scale were identical. Both were highly committed. Both were less than completely happy and both were unsure about increased happiness in the future.

In general, there appeared to be few changes in the spouses' perception of family functioning as a result of therapy. Decision making continued to be problematic, with spouses wanting issues decided differently from one another and from the way things were being done. Communication was somewhat effective each time, but did not show improvement. The couple did, however, report, both at termination and follow-up, enjoying time together.

2. Children Measures

Table IV.59 below summarizes the responses of Son One to the *Bene Anthony Family Relations Test*. The results showed that Son One was less involved with other family members by termination. This may relate to the fact that he had just moved away from home. He could either not have had much immediate involvement or have needed to restrict his feelings in order to handle his fears related to increased independence. At termination, Son One assigned many strongly negative outgoing feelings to himself. These included items stating, "sometimes I wish this person in the family would go away", "sometimes I'm fed up with this person in the family", "sometimes I think I would be happier without this person in the family" and "this person in the family can make me feel very angry". At this time, this young man was characterized by low self-esteem. He had been referred to a psychiatrist for intensive individual therapy.

By follow-up, Son One reported the same negative feelings toward himself. However, he described himself as "kind-hearted". This may signify the beginnings of a healthier self-image.

Table IV.60 below shows Son Two's responses to the *Bene Anthony Family Relations Test* at termination only. Son Two was the most resistant to the research. At baseline, he appeared to be completing the questionnaire, but it was blank when collected. At follow-up, he was busy and promised to mail the questionnaire. This he failed to do. At

Table IV.59

Results of the Bene Anthony Family Relations Test
Family 4A, Son One

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	0	0	1	2	6	7	0	0	1	0	0	1	2	6	10
Father	6	2	4	1	0	0	5	3	5	2	0	1	14	5	10
Mother	6	2	4	3	1	2	7	4	5	3	1	1	19	8	12
*Dght.	7	2	4	1	0	1	5	3	5	2	0	3	15	5	13
Son2	6	2	4	4	0	3	5	3	5	2	0	1	17	5	13
Son3	4	2	3	0	0	1	4	3	5	2	0	1	10	5	10

B = Baseline
T = Termination
F = Follow-up
*not involved in counselling

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Table IV.60

Results of the Bene Anthony Family Relations Test
At Termination
Family 4A, Son Two

Distribution of Feelings

	Outgoing Positive	Outgoing Negative	Incoming Positive	Incoming Negative	Total Involvement
Self	2	2	0	0	4
Father	1	5	2	0	9
Mother	1	3	0	1	5
Son 1	1	1	1	0	4
*Dght.	1	2	1	1	6
Son 3	2	4	0	3	9

*Not involved in counselling

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termination, he showed a rather restricted range of feelings. With his parents, his relationships were experienced more negatively than positively. There seemed to be some sibling rivalry with his younger brother as well.

Table IV.61 below shows the scores for Son Three on the *Bene Anthony Family Relations Test*. With the exception of his relationship with his older brother (Son Two), this child showed balance in his relationships. Many items were assigned to all family members. A distribution such as this would be reasonably normal, were it not for the results for himself and for his brother. His assignment of items to his brother shows intensely negative feelings involving such items as sometimes wanting to kill, hating and being fed up. He has identified sibling rivalry as has his brother, but the intensity was much greater. The fact that few items were directed to himself indicated some lack of self-esteem.

3. Summary of the Individual Data

From the perspectives of insiders, it would be hard to determine the impact of family therapy. The clearest change was found in Son One's general reduction of the number of items he assigned at termination. The second indication of some change is the fact that Son Two was co-operative at termination and provided the questionnaire data. Otherwise, the results seem to point to the fact that the perspectives of the family members remained similar on all three occasions.

Table IV.61
Results of the Bene Anthony Family Relations Test
Family 4A, Son Three

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	2	2	1	0	0	0	0	0	0	0	0	0	2	2	1
Father	6	7	5	0	0	0	8	8	5	0	0	0	14	13	10
Mother	7	5	5	0	1	0	7	5	3	0	0	0	14	10	8
Son 1	5	4	5	0	1	0	5	6	6	0	0	0	10	10	11
*Dght.	8	10	6	0	0	0	5	7	7	0	0	0	13	17	13
Son 2	3	3	0	15	15	15	6	5	3	4	5	3	28	28	23

B = Baseline
T = Termination
F = Follow-up
*Not involved in counselling

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The Therapy Process

1. Parental Assessments

Throughout the counselling process, both parents rated the sessions as good and each looked forward to them. There was some increase in shared leadership. However, father remained the identified leader. There was a sense of family members being open in their expression of feelings. Each parent, however, reported not always being able to understand the others. The family started therapy with considerable unresolved conflict. This gradually decreased and the final rating was at "some unresolved conflict". Both felt that the amount of conflict impaired the family's ability to function, but this was less pronounced for the mother. The counsellor was seen as very understanding and helpful and moderately supportive. Both parents felt that the family made marked progress toward solving the issues for which they were in counselling.

At the interview, mother reported differences in her attitude as a result of the family counselling. She said she saw clearly things that she had been doing that were getting in the way of family functioning. Father reported a new awareness of the family and a sense that his reactions were changed. He also indicated that he felt somewhat incomplete. Son One said counselling had not changed anything. Son Two found that he felt differently, specifically more relaxed. Son Three judged the process as helpful and indicated that he had been interested in what the therapist did to help the family look at things in a new way.

2. Therapist Summary

The therapist reported that it was difficult to obtain information from the family members. The family seemed secretive and its members had difficulty being openly critical of one another. She observed that the father and the sons openly ridiculed the mother. She reported that Son One appeared to have given up and was suicidal. He had traditionally been the *good* child. The pressure to excel had finally become too great. This, coupled with Son Two's schizophrenia, helped the therapist conclude that the issue in the family was one of separating the children from the parents. She hoped in this way to establish two clear generations within the family. She identified two specific parent-child coalitions. Mother and Son One were aligned, while father and Son Two were close. To separate these two children, she helped get Son One living on his own with social assistance. As well, he registered in a course at a local technical institute. The therapist encouraged Son Two to put more demands on his individual therapist. Son Three was seen as separate from these unhealthy alliances, with a strong peer system for support. Once the children were more independent of parental over-involvement, the therapist addressed issues relating to relationship between the parents. She left them with some improvement in this area, but with the expectation that they would need to continue looking at the quality of their interaction with one another. At termination, the therapist reported that the family was able to verbalize its interactive patterns and to identify differences in these patterns. The differences were perceived as improving family functioning.

3. Researcher Observations

Family 4A presented itself with an enmeshed family system. The parents were over-involved with the children and there was evidence of parent-child coalitions. The therapist worked to separate the children from this parental over-involvement. Specifically, she encouraged the physical separation of Son One to living independent of the family. She also described the pattern which involved Son Two and suggested that he did not need his "craziness" anymore. He agreed spontaneously with this statement. The therapist challenged the parents to look at their relationship and to establish a parental coalition. In general, the total process was one of challenging and clarifying. The therapist focussed on interactive patterns and pointed out how these were dysfunctional. She helped identify the intent behind the behavior and promoted new patterns which might better serve the family. At termination, she left the family with the ability to see and verbally describe the patterns they were presently using. As well, she emphasized the need for a new stage of family living which could acknowledge the children's adulthood. This ultimately meant that the parents would need to address the issue of their own relationship.

Summary

Some interesting information has appeared regarding this family. From the perspectives of all observers to the therapy process, the family was seen to change. Both parents reported a different awareness of the family and saw themselves as behaving differently. The therapist and observer identified similar progress. Of importance, both saw the family members as able to describe their dysfunctional interactive patterns. As well, members could specify new ways of interaction which were proving more useful.

One would therefore expect that a similar sense of gain would be available on the individual measures. The fact that this was not the case is intriguing.

In summary, based on the therapy process, the researcher concluded that Family 4A was improved. Most evident was the increased separation of the older two sons. This was an appropriate intervention in view of the children's ages. While it required further work, the marital relationship was strengthened from its pre-counselling position. This family was rated as highest of the families seen to be "somewhat improved". Improvement stopped short of moving the family to a healthy descriptive position.

Case Eight: Family 3A

Family 3A is a three-member blended family composed of father, mother and son. The son was mother's by her first marriage. Father had had three children in his first marriage, but he had no continuing contact with them. When Family 3A began counselling, father was thirty-one, mother thirty and son eight years old. The family was in therapy with therapist A from November, 1980 to January, 1981 for a total of five family counselling sessions.

The intake information stated:

> Self-referral by mother. Son is father's step-son. Mother remarried last May. Problem with Son. Mother cried all through the telephone conversation. Says she and Father don't know how to handle Son. He argues all the time, has a terrible temper, doesn't hear her unless she screams.

The researcher ranked Family 3A sixth out of ten in improvement. There seemed to be evidence of some shifts in the parents' relationship with the son. This seemed to allow him to alter his behavior and stop the fighting between him and his mother. The family system was judged by the researcher, however, to show little distinct change. It was seen to be *somewhat improved*.

There were only two sets of data collected on Family 3A. The mother was unwilling to make an appointment for follow-up because of her husband's unavailability. His job took him outside of the city and he was absent much of the time. The mother's evasiveness on subsequent contacts encouraged the researcher to work only with the baseline and termination data. The researcher felt she made an error in judgment with respect to this family. She allowed them to see the video tape of family interaction after the termination session. The opportunity to see themselves on television had often been sufficient incentive to bring other reluctant families back for the follow-up data collection.

Results from the Individual Data

1. Parental Measures Tables IV.62 through IV.66 below summarize the spouses' responses to the abbreviated *Marital Pre-Counseling Inventory*. In general, there is evidence that, from the spouses' perspectives, the relationship improved. There were improvements in decision making, satisfaction, communication effectiveness and child management. Commitment and optimism increased for both individuals. Before counselling, the questionnaire results indicated the following information about family functioning:

(a) Decision Making

Father identified a desire for shared decision making. He felt most responsible regarding jobs. He perceived the

Table IV.62
Satisfaction with Decision Making: Family 3A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	10	7
Termination	2	0

*The lower the score, the closer the way the couple presently makes decisions approaches the way he or she believes decisions should be made.

Table IV.63
Satisfaction with Marital Interaction: Family 3A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	31	30	34	31
Termination	30	28	31	30

NR - No Response
Scores of 12 = mostly happy
36 = moderately happy
10 = mostly unhappy

Table IV.64
Communication Effectiveness: Family 3A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	33	34	37	32
Termination	38	34	38	38

NR - No Response
Scores of 50 = almost always effective
30 = sometimes effective
10 = almost never effective

Table IV.65
Degree of Agreement on Issues of Child Management: Family 3A

	Father	Mother
Baseline	17	22
Termination	14	14

Score of 6 = almost always agree
18 = sometimes agree
30 = almost never agree

Table IV.66
Commitment to and Optimism About the Relationship
(in percent)
Family 3A

	Father	Mother
Baseline	87	80.5
Termination	93	95

mother to be in charge of the child and social contacts with relatives. Mother identified similar dominance with the spouses' jobs and the child. She, too, wanted shared decision making.

(b) Satisfaction with Marital Interaction

Father reported being dissatisfied with the social and affectionate interaction between him and his spouse. More moderate dissatisfaction involved chores, finances, interaction with relatives and jobs. He indicated that often his wife would be very dissatisfied with issues related to the child. Mother appeared dissatisfied on issues of child management, management of free time, finances and social interaction with friends. More moderate dissatisfaction related to chores, interaction with relatives, her spouse's appearance and jobs.

(c) Communication Effectiveness

Both individuals rated their communication as sometimes effective. Father tended to perceive himself as somewhat more effective than was his wife. He saw her as not particularly understanding nor interested in what he had to say. Both sometimes expressed appreciation. The father identified an inability to disagree. Mother rated herself as more understanding than her husband. In contrast with her husband, she was comfortable with disagreement.

(d) Child Management

The father indicated generally *some agreement*. The area of punishment was seen to be problematic. Mother saw general disagreement.

(e) Commitment to and Optimism About the Relationship

Both were highly committed to the marriage and generally optimistic about future increased happiness.

At termination, decision making approached or equalled the ideal. The only area which was not completely satisfactory related to father's job. He wanted mother to share decisions in this area. Both identified shared decision making as the norm. Both spouses continued to report only moderate satisfaction with child management, a continuing concern. Father reported some improvement in communication. He continued to have difficulty with disagreement, but now rated "some". Both spouses rated the child management similarly. The area of commonly identified disagreement related to praising and punishing behavior. Finally, both remained highly committed and reported increased optimism.

2. Children Measures

Table IV.67 below shows the Son's responses to the *Bene Anthony Family Relations Test*. For this child, the most apparent change related to himself. At termination, he saw himself more positively than he had prior to counselling. While the quantity remained the same, the quality of his negative feelings for his father changed. His feelings were now *mildly* as opposed to *strongly* negative. It is evident that the extended family was very important to this child. In many ways, this was understandable, in that they had been and continued to be active in his life. His relationship with his grandfather showed ambivalence, with many negative and positive feelings. By termination, the greater quantity of items went to his mother instead of his father. The total involvement then appeared more in line with the blended nature of the family and the fact that the father was a relatively new family member.

3. Summary of the Individual Data

From the perspectives of all three family members, there seemed to be differences between baseline and termination. In general, the changes indicated that there was improvement in family functioning.

Table IV.67

Results of the Bene Anthony Family Relations Test
Family 3A, Son

Distribution of Feelings										
	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	B	T	B	T	B	T	B	T	B	T
Self	1	4	0	1	0	4	0	1	1	10
Father	13	11	5	5	13	7	4	3	35	26
Mother	16	14	2	3	12	10	2	2	32	29
*Grdm.	9	7	6	6	9	9	3	4	27	26
*Grdf.	7	7	0	2	8	8	2	1	17	18
*Aunt	6	3	4	8	6	2	2	2	18	15

B = Baseline
T = Termination

*maternal, not living with family

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The Therapy Process

1. Parental Assesments

The parents identified areas of change over the therapy process. Conflict went from *lots* to *little* and from *impairing* of family functioning to *somewhat impairing*. After the first session, there was openness in the expression of feelings. Progress was made in each session, with the final three evaluations indicating that the family was resolving, to a large extent, the issues for which it had sought counselling. With the exception of the third session, the counsellor was seen as highly supportive, helpful and understanding. When the father listed the content discussed, it indicated an awareness of what was helping the family. Both parents thought the therapy was successful. In the interview, they reported that the son's behavior was very much improved.

2. Therapist Summary

The therapist initially redefined the son's behavior as related to *unhappiness* rather than *bad*. The family seemed to accept this different understanding and implemented the therapist's suggestions. These involved praising the behavior they liked and setting clearer limits. The therapist reported an improved parental coalition. At termination, she saw evidence of increased supportiveness, clarity and sponaneity. She felt that the family could make continued gains on their own.

In the interview, the therapist described her work with this family as mainly parenting instruction. She felt that the parents were inconsistent and lacked an understanding of what to expect from an eight year old.

3. Researcher Observations

The therapy with this family involved trying new behaviors and reinforcing changes in the desired direction. The therapist was observed to be specific and very clear in her descriptions. As changes were identified, she had the family members specify, how the change had occurred. When the mother expressed concern that the therapist's suggestions would make the son's behavior worse, the therapist encouraged her to make the "mistake" of responding positively to his brattiness. The therapist suggested that the son's behavior was related to the unresolved losses in his life. She emphasized his need to know that father and mother cared about him. During the process, the therapist reinforced times when the son questioned his parents. She also talked about his special relationship with his mother. This seemed important in view of the blended nature of the family and the son's need to know that he had not been displaced by the new husband. The therapist had the parents identify and specify behavioral changes. When the parents reported some continued "brattiness", the therapist described this as normal eight-year-old behavior. At termination, the parents seemed somewhat less sure than the therapist that they were ready to stop.

Summary

From both the individual data and the review of the therapy process, there seems to be a consensus that the family therapy was helpful to Family 3A. The parents' measures on several scales of the *Marital Pre-Counseling Inventory* were improved and indicated a shared understanding. The problem bringing Family 3A for therapy shifted quickly. The interaction between the parents and the child changed and the behavior of the latter improved. Because of this, the family seemed less problematic. From the researcher's perspective, however, there was no obvious warmth or affection in the family system.

Case Nine: Family 14A

14A is a five-member family composed of mother, father, two sons and a daughter. When they started counselling, the father was fifty, the mother forty-nine, Son One sixteen, Son Two fourteen and Daughter ten years old. They were in counselling with therapist B for a total of seven sessions from February, 1982 to May, 1982.

The intake information stated:

Self-referral by mother who says "they have totally lost communciation with Son One, who left home for two days at Christmas. Also, Daughter is vastly overweight and is thus emotional?

This family was seen by the researcher to be somewhat improved at termination. It was ranked seventh in improvement of the ten participating families. The family was faced with an issue of readjustment to the reality of having older children. The parents appeared over-involved with the children. While some gains were made, the family was judged not to have made the gains necessary to acquire a new concept of itself. From the researcher's perspective, there was a continued tendency on the part of the parents to behave as if the children were much younger than they were. The children seemed unable to develop self-confidence or to handle responsibility.

Results from the Individual Data

1. Parental Measures

Tables IV.68 through IV.72 summarize the responses of the spouses to the abbreviated *Marital Pre-Counseling Inventory*. There appeared to be differences in specific scales, giving an overall impression of some change. At termination, father's satisfaction score was somewhat improved, but it had dropped below the baseline position at follow-up. In contrast, mother's satisfaction was similar at

Table IV.68
Satisfaction with Decision Making: Family 14A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	NR	4
Termination	NR	2
Follow-up	3	2

NR - No Response *The lower the score, the closer the way the couple presently makes decisions approaches the way he or she believes decisions should be made.

Table IV.69
Satisfaction with Marital Interaction: Family 14A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	24	32	24	18
Termination	21	21	23	29
Follow-up	31	18	14	27

Scores of 12 = mostly happy
36 = moderately happy
60 = mostly unhappy

Table IV.70
Communication Effectiveness: Family 14A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	47	42	44	48
Termination	42	48	45	41
Follow-up	40	50	50	45

Scores of 50 = almost always effective
30 = sometimes effective
10 = almost never effective

Table IV.71
Degree of Agreement on Issues of Child Management
Family 14A

	Father	Mother
Baseline	6	13
Termination	13	10
Follow-up	7	6

Scores of 6 = almost always agree
18 = sometimes agree
30 = almost never agree

Table IV.72
Commitment to and Optimism About the Relationship
(in percent)
Family 14A

	Father	Mother
Baseline	95	93
Termination	91	95
Follow-up	93	95

baseline and termination, but much improved at follow-up. The spousal estimates of how the mate would score this scale differed greatly from the way he or she actually did so. Both reported effective communication on all three occasions. Father's decreased somewhat, while mother's increased. Both were agreed on issues of child management at follow-up. Mother showed a gradual improvement. Father indicated a decrease in agreement at termination. The spouses indicated generally high commitment to and optimism about the marriage.

Prior to counselling, the questionnaires provided the following information about the spouses' perceptions of family functioning:

(a) Decision Making

The father identified a practice of shared decision making except regarding the spouses' respective jobs. Mother saw only limited sharing. She also noted the spouses as being responsible for their jobs. Mother felt more involved in decisions involving social contact with relatives and finances. She wanted both areas shared.

(b) Satisfaction with Marital Interaction

Father reported being somewhat unhappy with the couple's social interaction with friends and relatives. He was moderately happy with child-management chores and jobs. All areas of his interpersonal contact with his wife were highly satisfying. Father expected his wife to be happier than he was. Mother was unhappy about chores and finances. She was moderately happy with the management of children, free time and chores. She, too, felt satisfied with the interaction with her mate. She indicated experiencing father as less satisfied than she.

(c) Communication Effectiveness

Generally, communication was seen by both partners as very effective. They appeared to be understanding and appreciative. The only area rated lower was that of mother being sometimes uncomfortable with disagreement.

(d) Child Management

Father reported that the spouses always agreed. Mother said children's requests for privileges and decisions about punishment were only sometimes agreed on. Other areas were rated as often agreed on.

At termination, the distribution on decision making was similar. Both rated a similar level of satisfaction scores, except that the area of child management was rated as less satisfying by both. Father said that communication was somewhat less effective. The area of decrease involved the spouses asking for what they wanted from the other. Father's evaluation of the couple's agreement on issues of child management showed a decrease. He now rated items as *often agreed on* rather than *always*. Requests for privileges were only sometimes agreed on. Mother's evaluation indicated improvement, with all items receiving a rating of *often* or *always agreed on*.

At follow-up, father showed a decrease in satisfaction. Most importantly, the areas of contact with his spouse were rated as *happy* rather than *mostly happy*. At this time, no item received a *mostly happy* score. Mother, in comparison, rated all but the social interaction with relatives as *mostly happy*. On this scale, the spouses' perception of each other showed the greatest discrepancy with how each rated himself or herself. At follow-up, mother felt that communication was *always effective*. Father expressed some difficulty with disagreement. Items dealing with understanding, listening with interest and enjoying time with his wife received slightly lower scores than they had previously.

From the perspectives of the spouses at termination, there was some minor improvement in family relationship. This improvement had increased for mother by follow-up. For father, however, communication effectiveness and his satisfaction went down.

2. Children Measures

Table IV.73 shows the results of Son One's responses top the *Bene Anthony Family Relations Test*. At termination, this child had left home and was not in contact with his family. By follow-up, he had returned home. Therefore, only two sets of data, baseline and follow-up are presented.

Son One expressed an increase in his negative feelings toward his parents at follow-up. His relationships with both parents are characterized by ambivalence, an unusual result for someone of his age. As well, he continued to be somewhat over-involved with his parents in view of his age. His relationship with his brother seemed to be negative and this sense increased slightly by follow-up. In general, the scores indicated few clear changes in relating, except in the direction of negative feelings between him and his parents. At baseline, he tended to be the recipient, at follow-up, the source of negative feelings.

Table IV.74 summarizes Son Two's responses to the *Bene Anthony Family Relations Test*. Son Two appeared to see a shift in his relationship with his parents. His positive feelings for his mother decreased and his negative feelings

Table IV.73

Results of the Bene Anthony Family Relations Test
Family 14A, Son One

	Distribution of Feelings									
	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	B	F	B	F	B	F	B	F	B	F
Self	1	1	4	3	0	0	0	0	5	4
Father	9	6	3	6	5	5	7	4	24	21
Mother	5	5	8	10	5	6	9	5	27	26
Son 2	2	0	7	8	1	0	6	4	16	12
Dght.	1	2	5	4	1	2	2	2	9	10

B = Baseline
F = Follow-up

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Table IV.74

Results of the Bene Anthony Family Relations Test
Family 14A, Son Two

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	2	3	3	1	0	0	0	0	0	0	1	0	3	4	3
Father	6	4	4	0	0	0	6	2	4	0	0	0	12	6	8
Mother	6	2	1	2	6	5	5	2	4	0	1	1	13	11	11
Son 1	4	1	0	7	7	11	0	0	0	2	5	4	13	13	15
Dght.	3	0	0	6	6	3	3	3	2	4	7	5	16	16	10

B = Baseline
T = Termination
F = Follow-up

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for her increased. At termination, he experienced less positive relating with both parents. He identified his relationship with his brother as primarily negative. Most of the items he assigned to his brother conveyed strongly negative feelings toward him. The quantity of items increased and he added ones relating to sometimes wanting to "kill", hating and feeling that the family might be better off without his brother.

Table IV.75 shows the distribution of items on the *Bene Anthony Family Relations Test* by the daughter. The most striking characteristic with this child was her tendency to assign items to "everyone". While this may indicate a healthy understanding of everyone, it appeared to show a lack of one-to-one relationships with other family members. The parents were seen as a unit, the children as another unit and the family unit as a third. In total, only seven items were assigned individually.

3. Summary of the Individual Data

What appeared most striking about this family were the differences among the children's perceptions. The ratings by parents of satisfaction and high levels of effectiveness in communication are incongruent with children who sometimes want to "kill" each other or who "hate" each other. This is particularly true in view of the older children's ages. The parents and the daughter presented the image of a "happy" and loving family. This differed from the sons'

Table IV.75

Results of the Bene Anthony Family Relations Test
Family 14A, Daughter

	Outgoing Positive			Outgoing Negative			Incoming Positive			Incoming Negative			Total Involvement		
	B	T	F	B	T	F	B	T	F	B	T	F	B	T	F
Self	4	7	4	5	2	4	2	0	0	0	2	1	11	11	9
Father	13	12	14	1	2	1	13	9	13	1	3	1	28	26	29
Mother	14	11	13	1	2	2	13	9	13	1	3	1	29	25	29
Son 1	8	8	5	5	2	2	7	6	3	3	2	1	23	18	11
Son 2	8	8	5	4	2	4	7	6	3	3	2	2	23	18	14

B = Baseline
T = Termination
F = Follow-up

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perspectives.

From the parental measures, it seemed that family counselling had had a positive impact. The variation in their scores at follow-up may foster questions as to whether the change was maintained. The children's scores do not reflect positive change. In fact, the younger son's increased negative intensity toward his brother is of concern. It connotes blame and may suggest a myth that his brother was responsible for family tension.

Parental Assessment

Generally, the parents saw themselves as open in the expression of feelings, but appeared to consider others as only somewhat open. Each varied in the ability to understand other members' feelings, the ratings in total suggesting a *sometimes* position. The family started as close and warm, but this feeling tone diminished somewhat over time. While the spouses reported feeling that they were mutually supportive and understanding, this decreased somewhat for the father during the period of therapy. Both saw themselves in a leadership role and as having shared leadership. At one session, immediately after Son One had run away, both ranked themselves as not feeling like the leader. They both rated little or only some problem solving and a general sense of not being satisfied with the solutions. There appeared to be much intrusiveness. Both consistently reported speaking for others and having others speak for them. The conflict identified varied greatly over the course of therapy, but ended at none. The therapist was seen as generally understanding, supportive and somewhat to generally helpful. The progress Family 14A was making toward solving the problems for which counselling had been sought was rated generally low, leaving an overall impression that its expectations were not completely met.

In the interview, they reported some gains. However, the fact that Son One had left home "through the back door" was disappointing. They reported believing that, had they initiated counselling two years earlier, they would have prevented that behavior. At follow-up, the mother said therapy had made the parents realize that they had a caring family and that their problems were not as serious as they had feared.

2. Therapist Summary

The therapist reported that she worked to redefine Son One's behavior as developmentally appropriate and related to a need for more responsibility. She felt that the family dealt with issues of how anger and caring got expressed. She identified particular difficulty relating to disagreement on the part of the children toward their parents and pointed out inconsistencies in the rules. Rules would be made and not enforced. The therapist indicated some concern about a lack of respect for individual boundaries. When the son left home, the therapist redefined the behavior as developmental and healthy. She also encouraged the parents to share the pain they were experiencing as a result of his leaving.

In the interview, the therapist reported that Son One's leaving had been somewhat surprising. In the session immediately preceding his leaving, he had seemed more open and involved in making choices for himself. The therapist concluded that he had felt that leaving was the only way that he could establish his independence. It would also give him needed confidence in being able to take care of himself.

3. Researcher Observations

The general impression formed about this family was that throughout therapy the focus continued to be on Son One. There seemed to be powerful parental persuasion that he was the family problem. In general, the family members agreed with this assessment. Son One was described as irresponsible and helpless. The parents commented that they wanted the children to talk. In general, however, both parents were frequently intrusive. Mother was especially prone to answer for the children. When she checked with them concerning whether she was correct, they either responded "I don't know" or "yes". In both instances, they ended by saying little. The therapist pointed out this pattern a few times. The parents acknowledged that it was happening, but the pattern continued over the course of the therapy. This family seemed unwilling to follow through on assignments that the therapist suggested. The researcher's perception was that this related to the parents' expectation that the children should make the first move. Whenever issues about their own relationship arose, the parents consistently shifted the focus back to the children, particularly to Son One. In summary, the researcher was struck by the invasiveness in the family, invasiveness which seemed to prohibit much real gain in improving family functioning.

Summary

From the parents' and the therapist's perspectives, Family 14A made some gains as a result of therapy. The individual measures showed a sense of improved functioning, especially on the part of the mother. The researcher saw marginal gains, but recognized that the parents' continuing need both to focus on Son One and to speak for their children prohibited to a large extent much improvement. From the researcher's value system, this kind of invasiveness discourages the development of autonomy and self-esteem

Interestingly, this family was the only one in which the perspectives differed to any extent. From the perspectives of the insiders--the therapist and the family--Family 14A had improved. From the perspective of the outsider--the researcher--the improvement was less obvious.

Case Ten: Family 12A

12A is a four-member family composed of mother, father, a natural daughter and a foster daughter. When they started counselling, the father was forty-four, the mother thirty-five, their own daughter fifteen and the foster child eleven years old. The foster daughter had been in the home for some time and they reported thinking of her as their daughter. The family was in counselling with therapist B for a total of three sessions from September, 1981 to November, 1981.

The intake information stated:

> Referred by psychiatrist. Problem with foster daughter making friends, also having difficulty in school. Mother believes it's "just natural sibling rivalry between the girls".

This family was difficult to evaluate. The therapy was characterized by confusion that existed around the relationship between the Family Counselling Service and the Social Welfare Agency. From the researcher's perspective, the independence of the two agencies was never adequately understood by the family. Because the family believed there to be overlap and because they had had distressing experiences with the Social Welfare Agency, they were very cautious. They appeared essentially to want information about events that had occurred concerning their foster parenting. At termination, the family was ranked eighth. It had shown some minor improvement, with the foster child becoming more vocal. Only two sets of data were collected on Family 12A.

Results from th Individual Data

1. Parental Measures

Tables IV.76 through IV.80 summarize the responses of the spouses to the abbreviated *Marital Pre-Counseling Inventory*. In general, the scores on the two test occasions showed the same rating or a modest decline in effectiveness by termination. Prior to counselling, questionnaires provided the following information about the spouse's perspectives.

(a) Satisfaction with Marital Interaction

The spouses' responses were similar. Both reported that each decided about his or her own job. Mother was seen to be more involved with the children. She reported wanting more sharing. Father wanted a greater share of the decision-making responsibility.

(b) Satisfaction with Marital Interaction

The couple differed somewhat on this scale. Mother saw more satisfaction than father. Father was only moderately happy with the personal interaction between his wife and him and was unhappy about the lack of trust between them. He rated issues around the children as somewhat unhappy. Mother was very happy with the couple's personal relationship. With

Table IV.76
Satisfaction with Decision Making: Family 12A
Difference* between Usual and Ideal Ranking

	Father	Mother
Baseline	6	4
Termination	7	0

*The lower the score, the closer the way in which the couple presently makes decisions approaches the way he or she believes that decisions should be made.

Table IV.77
Satisfaction with Marital Relations: Family 12A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	37	28	26	31
Termination	41	25	26	40

Scores of 12 = mostly happy
36 = moderately happy
60 = mostly unhappy

Table IV.78
Communication Effectiveness: Family 12A

	Father		Mother	
	Self Rat.	Rating by Spouse	Self Rat.	Rating by Spouse
Baseline	37	41	44	32
Termination	32	NR	34	33

NR - No Response
Scores of 50 = almost always effective
30 = sometimes effective
10 = almost never effective

Table IV.79
Degree of Agreement on Issues of Child Management: Family 12A

	Father	Mother
Baseline	14	13
Termination	18	16

Score of 6 = almost always agree
18 = sometimes agree
30 = almost never agree

Table IV.80
Commitment to and Optimism About the Relationship (in percent)
Family 12A

	Father	Mother
Baseline	70	79
Termination	70	79

the children, she was somewhat happy. For her, the area of greatest difficulty was management of chores.

(c) Communication Effectiveness

Mother related communication as very effective, father as moderately so. The implication here is that they have differing perceptions of their relating. Father sees mother as much less effective than she sees herself. The difference indicates some incongruence.

(d) Child Management

The father rated his commitment somewhat lower than did the mother. Happiness was currently ranked at fifty percent, but there was an expectation of increased happiness in the future.

At termination, decision making was seen similarly. Father continued to see more sharing than he wanted and mother less. Father appeared less satisfied with the marital interaction. The area of child management was rated as less than satisfactory. Mother continued to be happy in the relationship. Other areas showed little variation from the baseline position. The incongruence between the views of the parents was maintained.

2. Children Measures

Table IV.81 shows the results of Daughter One to the *Bene Anthony Family Relations Test*. There are some minor shifts suggestive of improvement in family relations. At termination, this child assigned positive items to herself and the number of negative items directed toward her sister declined. In the opposite direction, there was an increase in her negative feelings for her father, a relationship which appeared more ambivalent at termination.

Table IV.82 summarizes the responses of Daughter Two to the *Family Relations Test*. In general, this child's distribution and the quality of the relationships improved. At termination, she expressed more positive outgoing feelings for each of the other family members. There was also an increase in positive feelings from her mother and her sister.

3. Summary of the Individual Data

From the data gathered on the four members of Family 12A, there appears to have been some improvement in family

Table IV.81

Results of the Bene Anthony Family Relations Test
Family 12A, Daughter One

Distribution of Feelings

	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	B	T	B	T	B	T	B	T	B	T
Self	0	2	1	0	0	0	0	0	1	2
Father	5	6	2	7	4	5	4	4	15	22
Mother	13	13	3	2	11	11	2	0	29	26
Dght.2	0	0	12	8	1	2	6	6	19	16

B = Baseline
T = Termination

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Table IV.82

Results of the Bene Anthony Family Relations Test
Family 12A, Daughter Two

	Distribution of Feelings									
	Outgoing Positive		Outgoing Negative		Incoming Positive		Incoming Negative		Total Involvement	
	B	T	B	T	B	T	B	T	B	T
Self	2	3	4	5	0	0	0	0	6	8
Father	3	8	1	1	2	5	0	1	6	15
Mother	7	10	1	1	6	6	1	1	15	18
Dght.1	3	9	7	4	3	5	5	3	18	21

B = Baseline
T = Termination

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functioning as a result of family counselling. This is mainly evident for both daughters in the improved results to the *Bene Anthony Family Relations Test*. There was no noticeable change in the marital relationship.

The Therapy Process

1. Parental Assessments

Both parents consistently listed things that were not discussed, but which were seen to be important. There appeared to be some lack of openness. They identified leadership as shared. Father felt that problems were solved; mother did not. Both reported doing much talking for others. They reported little unresolved conflict on any evaluation. Their view of the counsellor shifted somewhat. She was seen as generally helpful, supportive and understanding at the beginning, but only somewhat so at the end. The parents assessed the sessions as making some progress toward solving the issues for which they were in counselling.

In the interview, both parents reported that the children were getting on much better. The older daughter, however, stressed that that was not related to counselling. Both parents felt that the family had benefitted from counselling.

2. Therapist Summary

The therapist reported a sense of the family not wanting to be in counselling. She generally validated the family strengths. She pointed out how the members were different from the way in which they described themselves. This was particulary true of the father. He saw the children as the mother's business. The therapist emphasized how the father was also a caring and involved parent. The therapist reinforced the foster daughter in being able to speak up. The therapist finally pointed out instances when the girls were able to get along. In general, despite the confusion around expectations, the therapist felt that the family made gains.

3. Researcher Observations

There was general confusion around the family's expectations from counselling. They started by stressing that they wanted only two or three sessions and, on the third, they indicated they did not want to continue. There seemed to be contamination from their experiences with social welfare. From the researcher's perspective, this prohibited any real gain in family functioning. The family failed to specify that it wanted change or to make a commitment toward exploring new ways of relating. The interventions by the therapist to alter family stereotypes of its members were seen as helpful.

Summary

In general, there is evidence of some change in family functioning as a result of family counselling. The most noticeable difference was found in the children's responses to the *Family Relations Test*. The improvement in positive relating appeared to grow from the interventions made in therapy. The confusion around expectations led to a contentment with minor gains. The family could be described as somewhat improved.

C. Summary

This chapter has presented the results of this research in the form of ten case reports. With the first six cases, these reports described at some length the results of the analysis of the samples of family interaction, the individual measures and the observations of the therapy process. Modification of family interaction was found in five families, 10A, 7A, 9A, 11A, and 5A. For families 10A and 7A the modification moved the family toward healthy functioning with improvement increasing between termination and follow-up. 9A showed some improvement at termination but had slipped by toward the baseline position at follow-up. Follow-up data on Family 11A showed a positive change in interaction. While Family 5A showed some change it continued to contain marked dysfunction. Family 13A was observed to show little or no change on any of the three samples of interaction.

Shorter case reports on the remaining families, 4A, 3A, 14A and 12A, were presented. Since the interaction was not analyzed, only the information from the individual measures and the observations of the therapy process were discussed. These families showed variable response to the therapy, with Family 4A judged to have made the most gain. In the next chapter, the researcher will discuss the findings more generally.

V. DISCUSSION OF THE RESULTS

In this chapter, the reader is invited to play with possibilities. Beyond the specific descriptions provided in the case reports above, the present research has many valuable learnings. The major problem that the study was designed to address involved determining the impact of family therapy on family interaction. Two sub-problems were also explored. First, whether the perspectives of individual family members toward each other changed as a result of family therapy. Second, whether the therapeutic process specific to each famiy studied would produce information about those interventions which appeared productive in promoting modification in family functioning. On an individual basis, the case studies provided rich information about these problems. This chapter will discuss the results more generally as they relate to these three questions and the literature on which they were based. The intent of the discussion is, in addition, to extrapolate potential directions for further study which might well provide further information that could answer these questions more fully.

The design and methodology of the present study was a unique and powerful means of providing information with which to answer to some extent the research questions. While this information is most useful as reported above in relation to the particular cases, taken together it can provide some exciting ideas and potential directions for further exploration.

This chapter is in several sections. Initially, the results relating to the major problem and the two sub-problems are discussed. Second, the value of the methodology is described. Next, the many avenues to further understanding created by the results are identified. Finally, the potentially unique contribution the study makes to the literature is presented. While each of the ten families studied provides valuable information, the ideas and comments presented in the discussion below are largely based on the six cases on which the detailed analyses were performed.

A. The Major Research Problem

Family interaction as studied in this thesis was assumed to provide a sample of the family behavior from which some assessment of the effectiveness of family functioning could be made. In general, this appeared to be true and the results suggest support for previous research findings. As analyzed with the *Beavers-Timberlawn Family Evaluation Scale* and the *Riskin-Faunce Family Interaction Scales*, the samples of family interaction showed that patterns of family interaction could be identified both numerically and descriptively. These data provided information about the effectiveness of family functioning including areas of difficulty.

Table V.1 charts information from the *Beavers-Timberlawn Family Evaluation Scale* for the six families. This table shows that for five of the six families numerical improvement of at least 0.5 occurred on one of the post-therapy testings. On this scale, an improvement from 0.5 to 1 is required to move a family to an improved definitional position. Simple movement to a new definitional position does not constitute, however, a *functional* assessment until the interaction is scored 1.5 or 1. The amount of required movement to this numerical position is, in part, determined by the initial position. For families functioning at a relatively *normal* level, for example families 7A and 11A, movement to a healthier definitional position would require a smaller numerical shift than families with moderate or extensive impairment.

From the table three tentative conclusions can be drawn. First, the healthiest families initially are not necessarily the ones to make the most gains. In other words, the pre-therapy status of the system does not necessarily match the post-therapy ranking. Family therapy, therefore, can promote improvement in families with varying degrees of dysfunction. Second, observable change in family interaction occurred in five of the six families. This change was toward a lower number implying a shift toward the functional end of the continuum. (1.5 or 1). It appears, therefore, that family therapy can contribute to improved family functioning. Samples of family interaction collected at

Table V.1

Average Scores on Family Evaluation Scale

Researcher's Ranking	Family Number	B Avg.	T Avg.	F Avg.	Number of Sessions	Therapist
1	10A	3.3	2.4	1.7	14	A
2	7A	2.4	2.5	1.9	4	A
3	9A	3.4	2.6	3.3	7	B
4	1A	2.7		2.0	4	B
5	5A	3.9	3.4		11	A
6	13A	4.4	4.2	4.3	3	B

B=Baseline; T=Termination; F=Follow-up

periodic intervals seem to provide useful information about the effectiveness of family functioning from which an assessment of the impact of family therapy can be inferred. Third, in the present study, the number of sessions varied. Simple correlations about the importance of length of stay and the success of the outcome are not apparent.

These results support the findings of others. As with Lewis *et al* (1976) and Riskin and Faunce (1969, 1970a and 1970b) ten and five minutes of interaction respectively provided information from which the current functioning of the system could be assessed. As in those studies, the families here presented differences. Unlike those studies, however, the present research distinguished differences within single families. To date, reseach analyzing family interaction separate from therapy has produced information about differences among groups of families. The present research has shown that family interaction analysis is a viable way of determining change in family interaction over time. This provides two obvious uses. First, germane to this study, family interaction can provide evidence of the positive impact of family therapy on family functioning. Second, family interaction samples over time may well provide information about *normal* family functioning over the family life cycle, a non-clinical focus.

The findings of the present research have some similarity to other studies of therapeutic outcome (Alexander and Parsons, 1973; Malony, 1977; Postner *et al*, 1971). As with these studies, the present research found that the most improved families evidenced more balanced participation by family members.

Previous research has found that clinic families were mother-led (Alkire, 1969; Leighton *et al*, 1971).In this study the two most dysfunctional families in the present study were mother-led. The fact that they changed the least may relate to this leadership dynamic.

In the present study, improvement in family functioning involved an improved problem-solving process and better decision-making. These changes seem to move the families toward the kind of problem-solving effectiveness found in *normal* families by Doane (1978) and Ferreira and White (1965).

The First Sub-Problem

> Do the perspectives of individual family members change as a result of therapeutic intervention?

The results of the study related to this sub-problem are particularly informative and support the use of multiple measures. In some families studied, individual perspectives changed a great deal, in some they changed little. In some families, changes in the prespectives of all members were consistent with the interactional observations; in some, changes in the perspective of one or two individuals paralleled the interactional analyses; and, in some families the results of the two sources diverged. Whatever the finding with a particular family, these consequences are exciting and they would not have occurred from either data source separately.

Some preliminary possibilities emerge. It may be that in families with long-standing and relatively extensive impairment, parallel shifts in the perspectives of all members do not occur simultaneously. For example, in Family 10A, a large change in a positive direction occurred in the mother's responses, a more moderate change in the father's and the daughter's responses and minimal change in the son's responses. From the researcher's perspective, the shift made by the mother was the key to the movement toward healthier functioning that was made by Family 10A. In this family, the mother's relationship with her son had been distressful almost since birth and, in many ways, it seemed to related to inadequate bonding between mother and child. The inability to bond well related, in turn, to the mother's individual psychological issues and the insufficiencies in the marital realtionship. The fact that the son's perspective shifted least may be a logical response to reality. In essence, he had always been part of an unhealthy relationship with his mother. As with every child, he would have developed survival skills to make sense of the inadequacies in that relationship. Because it involves an unfamiliar and foreign reality, a shift toward a new view of his family is in some ways more difficult for him than for any other family member. One might hypothesize that the longer his mother's difference is maintained, the more he will be able to trust and adjust to a new experience.

Had the interaction of Family 4A been analyzed, the researcher would have expected a similar result. From the observation change that occurred during therapy, she would hypothesize that famiy 4A would have shown much improved interaction. The individual measures, however, evidenced only slight change. This family, too, had long-standing and relatively great dysfunction. The two symptomatic children, one depressed and suicidal, the other in treatment for schizophrenia, had both been part of pathological parent-child alliances since early childhood. Not only does such long-standing impairment require potentially greater therapeutic intervention, because it means adjustment to a very different family picture, it may need quite varied pacing by individual family members.

In contrast to these two family systems, Family 7A showed consistency between the modification of individual responses and the observable change in interactive behavior. Family 7A was a blended family and a relatively new unit. Of interest, it required short-term intervention and appeared to improve quickly and with relative ease. It may be that units of shorter duration, where patterns are not as entrenched historically or developmentally, can incorporate new experience more readily. Family 3A, another family whose interaction was not analyzed, while not as improved, showed a response to therapy in some ways similar to that of Family

7A. Family 3A was also a relatively young, blended family which improved with short-term intervention.

The potential for this finding is particularly important at this juncture. Because of the realities of the current rate of marriage dissolution, blended families are common. The potential for enhanced functioning with early and relatively minor intervention speaks to the possibility for preventive programming. While the two families described above occurred subsequent to failed relationships, the researcher would hypothesize that early intervention in new relationships, first, second or more might prevent the development of family dysfunction and enrich the natural growth orientation of families.

Reported differences in the parental responses in Family 9A suggested much improved functioning. This was not supported by observable change in interaction, nor by the children's perceptions. In this case, then, the use of interactional analysis provided better information about therapeutic outcome than the use of individual measures would have done. The literature suggests that the quality of the marital relationship determines the effectiveness of family functioning (Doane, 1978; Lewis *et al*, 1976; Minuchin *et al*, 1967; Murrell and Stachowiak, 1967). The results of the present research may indicate a possibility that the potential for improvement in family functioning is related to the parents' willingness to acknowledge difficulties. In contrast with the two most improved families, where the parents seemed to share common areas of concern, the remaining marital units appeared to varying degrees less realistic in their assessments. Thus individual measures may provide an indication of motivation or readiness. As well, if the individual responses are not in line with the therapist's assessment and/or assessed functioning using interaction data, use of the individual information could provide opportunities to challenge the family's view of itself.

Another interesting finding is available in the individual measures for Family 11A. In this family, the children's responses showed a movement toward much healthier positions. The fact that these children were age fifteen speaks to the potential for benefit from family intervention even when children are approaching adulthood.

The Second Sub-Problem

What therapeutic interventions produced modification in family functioning?

Essentially, the results of the present study have supported the suggestion in the literature that success defined as *to what extent, with which client, in what context* is potentially more useful to understanding therapeutic outcome than is a simple *success* vs *non-success* dichotomy (Bergin, 1971; Strupp *et al*, 1964). From her observations of the therapeutic process with the ten participant families, the researcher has concluded that therapeutic effectiveness is possible. Such effectiveness, besides being influenced by the family's readiness, is a matter of skill, clinical judgment and the timing of interventions. Each therapist has a reponsibility to intervene skillfully and in such a way that a family has an opportunity to alter its functioning. While the final choice is the family's, the therapist can open possibilities which allow a family to challenge its tendency to accept limitations.

The author believes that successful therapeutic intervention must be specific to a particular family and thus match the family's uniqueness. From listening to audio tapes of each session with each family and thus having a record of the total therapy process with the ten families, the researcher had an opportunity to observe the impact which the therapist's interventions had on the family. While the issues and dynamics varied amongst the ten families, several kinds of intervention strategies appeared useful across the families observed. The observations presented are tentative and designed to provide ideas for further study. In other words, additional research is needed to identify whether these suggestions are valid beyond the ten families discussed in this dissertation.

Four particular intervention strategies tended to produce the best results. For the two most improved families, these strategies occurred in the order in which they are discussed. First, the therapist presented a different description of the family problem than that provided by the family itself. In family systems theory the words commonly used to describe this strategy are *reframing* or *redefining*. Of importance, however, was not so much the alternative explanation itself, but the ability of the therapist to challenge successfully the family's view of itself. In other words, families which were open to the alternative picture did better.

Second, clear, specific descriptions of the pattern of interaction in the family and the consequences that occurred appeared useful. For example, the intervention might have the following formula: when mother does "a", son does "m", father does "y", daughter does "j", mother does "p", etc. The result seems to be "blank". Such use of clear behavioral descriptions based on observable data which are available to both the family and the therapist, seemed to provide the family with important information. If the family was able to describe the pattern as well, the usefulness of the intervention was increased.

Third, the therapist helped the family acknowledge that the consequence was not what was intended. She would then help them identify other ways of interaction which might better achieve what the family intended. Again, the family's ability to describe new patterns and their consequences, seemed to enhance impact. With the therapist's encouragement, the two most successful families appeared to be able to acknowledge differences when they occurred, to describe the change and to specify how it had happened.

Fourth, as the family became aware of the old and new patterns, the therapist's statement that this presented them with choices seemed valuable. When she clearly implied that the family had the option of maintaining the familiar patterns *or* experimenting with the new patterns, the family appeared more likely to choose the latter.

B. The Methodology

The success of the methodology used in this research lends support for exploratory studies of this nature. As prescribed by several researchers, the present study was designed to include multiple assessment measures (Bergin, 1971; Cromwell *et al*, 1976; Wells *et al*, 1976). It involved the clinical judgment of the therapists, client self-report and observed behavior as suggested by Wells *et al* (1976). It used outsider and insider data as recommended by Cromwell *et al* (1976).

It is the researcher's contention that the quality of information achieved through the present study resulted from the design used. As well, the findings would not have been available using an experimental design. As a way of understanding, experimental designs attempt to discover commonalities amongst families. These commonalities can then be used to assess therapeutic effect. With a much different orientation, the present research explored what could be learned from differences among families and their responses to treatment. Indeed, the suggestion in the literature that it is difficult to specify treatment effects (Fisher, 1980; Segal *et al*, 1976; Woodward *et al*, 1978a; Woodward *et al*, 1981) may relate to the use of large samples. In some ways, the step backwards that was taken in the present research may offer possibilities with which to move forward.

As with Woodward *et al*, (1978a) the present study found that client-reported satisfaction or dissatisfaction was not sufficient. For families 14A, 13A and 5A, reports of satisfaction were not supported by evidence of improved family functioning. Likewise, client-reported dissatisfaction found in families 11A and 12A was not sufficient. The functioning of these families seemed to have improved despite some dissatisfaction with the therapeutic intervention.

The methodology offers a potentially new direction for psychological understanding. Traditionally, psychology has advanced by studying the individual. The present research provides another avenue by which individuals can be studied. In this study, the focus was on the family and family functioning with the assumption that the family system is more than a sum of individuals. While families cannot be understood by focussing on the individual, the reverse is not true. Potentially, additional understanding of the individual can be achieved by observing him or her in his or her systemic context. To illustrate this possibility, the author will provide two examples. In family 13A, the symptomatic individual was a ten-year-old male bed-wetter. This child and his mother had previously spent a year in therapy learning behavioral means to control the symptom. When used, these methods had worked. The fact that the behavioral strategies were not applied consistently and that the symptom reappeared is significant. From a systemic perspective, the symptom is a sensible response to the family functioning. This family provides no models for how to be grown up. Babyish behavior provides attention and safety for this child. As another example, in Family 11A the symptom carrier was a fifteen year old girl who had been raped. To an extent, prior to the rape, this girl and her twin sister appeared to have parented each other. This crisis of adulthood required resources beyond their ability to nurture one another. The responsibilities of the parental sub-system needed to be actively mobilized.

C. Ideas for Further Consideration

The ideas presented in the previous two sections are based on information available in the findings as well as the philosophical stance of the researcher. Appreciating these two sources, the discussion provides possible directions for further investigation. A list of some of these possibilities is provided by the questions raised below.

1. To what extent is the therapist's ability to match a family's uniqueness a contributor to successful

outcome? This question is of value in view of the recent popularity of those who practise Neuro-linguistic Programming.

2. If, indeed, understanding can be achieved by appreciating family uniqueness, what implications does this suggest for how to study the family, how to teach family therapy and how to evaluate effect?
3. If five to ten minutes of interaction can provide an assessment of family functioning, would beginning therapy, by observing such a sample, enhance therapeutic effectiveness?
4. In what ways would a family focus provide new insight into the areas of individual development, personality and learning?
5. What preventive programs could be developed to mobilize and enhance the natural growth cycle of the family prior to the entrenchment of dysfunction?

D. The Significance of the Study

To a large extent the individual family therapist's techniques and understandings develop in practice. To a large extent this is the way it needs to be. Excellence as a therapist must be one's own and it cannot be achieved through the simple application of techniques or programs. Despite this, the present research has shown that research itself can accelerate what is known. The findings provide the two participating therapists with information about the impact of their interventions. As with the families they counsel, they each have choices about how to use the information. They can learn from each other, from the comparative impact each had with the five families she counselled and from the differences in impact between them. The researcher, too has had a unique opportunity to benefit from the experience of doing this research. The most important gain has been the opportunity to learn strategies and techniques by which she can improve her own therapeutic skill. Out of this has developed a sense of responsibility to strive for therapeutic excellence. This is a very freeing experience in that failures provide opportunities for learning rather than judgment.

Another value of this research lies in its methodology. The use of multiple measures has been shown to provide much useful information. Despite the complexity and increased quantity of data, the information can be managed with adequate research questions. Indeed, with different research questions, the same data may contain other information.

The findings speak to the possibility that an orientation toward an appreciation of family uniqueness and difference can produce valuable learning. While the total results are limited to six families, it is clear that families can and do change. With exquisite timing and readiness, this change can be extensive with minimal intervention. With exquisite timing and readiness, this

change can be extensive with longer intervention. Studies such as the present one can provide a means for appreciating and understanding the excellence of good therapy.

E. Summary

This chapter has described possibilities which grow out of the findings of the research reported in this thesis. It has discussed the problem and the literature on which it was based. It has described the potential value of the methodology used. It has raised possible ideas for further understanding. It has presented the contribution that the study makes to the literature. The next chapter will summarize the study and make conclusions and recommendations.

VI. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

A. Summary and Conclusions

The present investigation has been concerned with identifying the impact of family therapy on family interaction patterns. Samples of interaction were collected on the ten participating families prior to the initial counselling session, at termination and, where possible, at a follow-up session after an interval of three months. Detailed analyses, using the *Beavers-Timberlawn Family Evaluation Scale* and the *Riskin-Faunce Family Interaction Scales* were performed on the interaction samples of six of the ten families. The subsample of six families consisted of two families showing marked improvement, two with some improvement and two seen to have continued dyusfunction at termination. All selections were based on the researcher's clinical judgment after having observed the therapy process with all ten families. There were three families from each of the participating therapists.

The interaction analyses were supplemented by data from two additional sources. First, individual perceptions were collected using an abbreviated *Marital Pre-Counseling Inventory* (Stuart and Stuart, 1972) with the parents and the *Bene Anthony Family Relations Test* (Bene and Anthony, 1957) with the children. Second, summaries were made of session-by-session evaluations of the therapy. Observations were made by the parents, the therapist and the researcher.

The results were presented in the form of case studies. The case studies on the six families on whom detailed analyses were done described, at some length, the results of the analyses of the interactional data. The individual data and the observations of the therapy generated shorter case reports on the remaining four families.

The following conclusions can be made from the results of the study.

1. For five of six families, family therapy had an observable impact on the family interaction patterns and the change was in the desired direction.
2. Families who were identified as showing marked improvement at termination made subsequent gains in the intervening three-month period before follow-up.
3. The perceptions of individual family members showed some indication of alterations parallel to those found on the interaction analyses. There were, however, divergences and occasional instances where the understanding of family functioning from the insiders contrasted with how it was observed interactionally.
4. Even minor change in family functioning can be translated into differences in family interacting. The *Beavers-Timberlawn Scale* was found to be particularly sensitive in assessing change.
5. The uniqueness of a family system to a great extent

remains a non-quantifiable entity.

B. Recommendations

This research was an attempt to understand change in family interaction by using a variety of assessment methods. While there is evidence that the use of many perspectives is valuable, such research has the following difficulties.

First, both of the assessment scales used in the study reported in this thesis have flaws. The *Riskin-Faunce Family Interaction Scales* are overly complex and difficult to score reliably. The attempt by the authors of the scales to allow for the complexity of human communication is admirable. However, the resulting number of categories makes the information obtained almost as complex. As well, the potential value of the information is offset by the unrealistic amount of time needed both to learn the system and to score the interaction. The *Beavers-Timberlawn Scale* has particular sub-scales that are definitionally inadequate. The scale assessing the parental coalition is not completely systemic. In some ways, it needs to be adjusted to look at the presence of generational boundaries rather than coalitions *per se*. The mood and tone sub-scale is problematic. Definitional positions tend to appear discontinuous. This may be related to a more sophisticated clinical understanding of family pathology than the researcher presently holds. However, there were families amongst the six analyzed that did not easily qualify for any category on the mood and tone scale.

Second, another way in which this kind of research proves difficult relates to the need for equipment of high quality. Accurate transcripts require technically sound tapes. To be minimally intrusive, the microphones must be particularly good. The researcher found that microphones which were hanging, centred and slightly above family members provided better reproduction than ones that rested on a table.

Third, this kind of research requires an incredible time commitment and many resources. Time is involved in acquiring data, transcribing tapes and analyzing the interaction. Few volunteers would be willing to provide those services. Indeed, grants normally would be needed to undertake such an endeavor.

In view of all of these factors, the researcher would recommend the following technical procedures:

1. that this kind of research should only be done by *teams* and with adequate research funds;
2. that in order to be most useful, the research needs to be done in a clinical setting with equipment of high quality, technicians who are familiar with its use and adequate therapy rooms;
3. that the research should be seen as a legitimate extension of the clinical service and, as such, an intrinsic part of the expectations of both client and

therapist;

4. that the research should be designed with the objective of improving the quality of the service offered by the agency providing the family counselling.

Most of the difficulties inherent in this kind of research would be alleviated by implementing the above recommendations. Even with limited resources, however, the present research has produced information which can provide possibilities for future research. The results suggest that the following research directions are to be recommended:

1. that the importance of understanding family uniqueness in therapist training be explored;
2. that outcome of the degree of match between therapist intervention and family uniqueness be assessed;
3. that the use of samples of family interaction to understand family development over the life cycle be undertaken;
4. that the use of samples of family interaction as an initial stage in family intervention be more systematically prescribed and evaluated;
5. that the impact of the four particular therapeutic interventions described in Chapter V above be researched;
6. that the use of samples of family interaction to teach family systems theory and an understanding of the broad spectrum of family functioning be encouraged; and
7. that the involvement of family readiness to extent of

therapeutic gain be compared and contrasted.

C. Directions for Further Research

In relation to the data gathered in the study reported in this dissertation, the following research directions are proposed:

1. The interaction data on the *normal* families will be analyzed. As well, several of these families will be asked to provide samples of interaction on a yearly basis to provide developmental data.

2. Families from the treatment group will be contacted with a request for permission to use the tapes of the interaction, and the counselling sessions for educational and research purposes. These tapes can then be available for analysis in other ways and by other researchers.

3. The researcher's summaries of the therapy sessions with each family will be shared with the respective therapists. This will provide specific feedback to each therapist about her therapeutic impact. As well, the staff of the Family Counselling Service will discuss ways that the information can be used to improve the effectiveness of the service to families.

4. The researcher will experiment with the four therapeutic strategies identified to observe the impact they have on her own work with families.

5. The researcher plans to use the tapes in supervision of family counselling students and in teaching about family counselling.

6. Ways of making ongoing, periodic use of the *Client Counselling Session Report*, the *Bene-Anthony Family Relations Test* and the *Marital Pre-Counseling Inventory* will be identified. As well, a parallel counselling session report form for therapists may be developed to provide comparative data.

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APPENDIX A

The Beavers Timberlawn Family Evaluation Scale

Pages 330 to 332 inclusive have been removed due to lack of copyright permission. This information contained the Beavers-Timberlawn Family Evaluation Scale and can be found in Lewis _et al_, _No Single Thread_.

APPENDIX B

Summary of the Riskin Faunce Scoring System

Appendix B: Summary of the Riskin-Faunce Scoring System

Agree/Disagree Scale

General Information

--Rate concerning how this affects me; superficial without guessing motives and intentions
--Score separately
--Agree/Disagree concerning previous relevant speech (determine by who to whom within 5)

Scoring Categories

1 Agree
- a. explicit (yes, let's)
- b. nearly explicit (that's a good idea)
- c. can be agreement with
  - 1) suggestion
  - 2) opinion
  - 3) someone's interpretation of own feelings or ideas
  - 4) factual statement in response to questions requesting
  - 5) conventional exclamations

2 Disagree
- a. explicit or nearly explicit
- b. must be directed toward person
- c. disagreement with
  - 1) suggestion
  - 2) countersuggestion (must follow immediately)
  - 3) opinion
  - 4) someone's interpretation of own thoughts and feelings
  - 5) factual statement *(no) by itself enough
  - 6) conventional expressions

3 NA
- a. Neither of above. Example:
  - 1) answers to suggestions
  - 2) yes/no responses to factual information
  - 3) facilitating comments (uhm)
  - 4) agree/disagree with actions vs ideas

5) simple repetition
6) agree/disagree with another's preference (no you don't)
7) in response to If statement

4 NS
  a. fragment, too short
    1) interruptions
    2) laughter

General Rules

--Unsure agree, disagree, score NA
--Unsure NS or NA, score NA
--Try to score if at all possible *fragments
--Yes, score NA unless answer to suggestion or opinion
--OK, score agree or NA in relation to previous speech
--question which asks for information with yes/no answer, Score 1 or 2

Clarity Scale

General Information

--Superficial: "common sense"
--speech in and of self without regard to context
--bias toward one
--whether speak clear and whether affect fits

Scoring Categories

1 Clear
  a. words make sense and affect fits
  b. facilitating comments
  c. slang - disapproval
  d. when contain small amount appropriate laughter

2 Unclear
  a. words not making sense and/or affect doesn't fit
    1) 2-L -- bizarre laughter, completely inappropriate to conversation (only to pure laughter)

    2) 2-LD --linear disqualification, self contradiction or marked change in direction which negates original (not when aware of shift related to changing mind)

3)	2-INC --incongruent, way said not consistent with words (idea or feeling) (sarcasm, irony, humor)
4)	2-V -- unclear, vague; words not making sense; fail to convey meaning

3 NS

a. Nonscorable
b. too soft, to fast, too garbled to be understood
c. sounds without literal meaning
d. sounds: coughing, etc.
e. fragments not continued
f. laughter (inappropriate)
g. whisper, murmur

Topic Scale

General Information

--main point of speech
--judged in relation to just previous speed (if NS - one just previous to that
--attention -- verbal aspects of speech (not tone)
-- emphasis words
--superficial common sense:
--appropriate -- facilitate discussion (not task)
--inappropriate -- no facilitate the task
--bias toward same topic and appropriate change
--can use five preceding to help identify context

Scoring Categories

1 Same Topic

1)	agree/disagree at same level abstract
2)	offering opinions -- same level
3)	answering questions at same level
4)	moving general to specific
5)	facilitating or clarifying?
6)	repetition previous speech
7)	explicit obediance command
8)	report of previous experience as pro or con
9)	facilitating comments
10)	intrusions (speaks when another asked) or mind reading (speaks for another)

- 11) question asked repeat previous speech because unheard, imply what did you say?
- 12) jokes
- 13) laugh in response to joke

2-1 Different Topic

- a. appropriate change with just previous
- b. leads to shift which facilitates
    - 1) clarifying question on another topic
    - 2) invitation to another
    - 3) turning point, leads to new direction after decision reached
    - 4) general conclusion from specific statements made before
    - 5) trying to get into conversation
    - 6) appropriate decline to answer question
    - 7) relevant comments previous speech--what meant?
    - 8) comments on context of situation--"interview silly"
    - 9) relationship with praise for another
    - 10) intrusive -- when one speaks although other was invited to
    - 11) question re procedure rules
    - 12) speech which leads to proper behavior
    - 13) question back to a previous statement after topic changed
    - 14) joke, shift away from task but related in content to just previous

2-2 Different Topic

- a. inappropriate, leads to shift , not facilitate task
    - 1) questioning motives or intention
    - 2) irrelevant comments
    - 3) nonverbals (banging), leads to behave self comment
    - 4) intrusive and irrelevant
    - 5) mind reading and irrelevant
    - 6) jokes and irrelevant

3 NS
- a. too fast, too short, to understand
- b. usually same as clarity unless can determine topic
- c. interrupted -- not continued
- d. laughter except appropriate to joke
- e. nonverbals (except if leads to behave)

Commitment Scale

General Information

--If "I can" -- on tone of voice
--If "I think" -- bland, score NA
--Right? -- if RC otherwise NA
--if unclear whether I or NA, score NA
--clear, definite stands; if unclear whether RC or NA, score NA (RC if repeat)
--first: either spontaneous or not
--second if not: either request or not
--expresses personal opinion, preference or contains suggestion
--each speech independent except if request
--within previous 5
--consider tone and verbal or tone; can decide on words

Scoring Categories

I Spontaneous: unsolicited commitment
- a. "I" want/feel/care/hope: good/bad: important value
- b. suggestions: why don't we, imply taking a stand
- c. feelings description: I like
- d. suggestion without enthusiasm if words consistent with commitment
- e. intent to perform future action (conditional if's)
- f. explicit agree/disagree in response to suggestions, opinions, factual state
- g. command/behavior statements with normal or cajoling tone
- h. statements of fact with assertion
- i. gross exaggerations
- j. one word exclamations
- k. comments on interview (meta)
- l. yes with enthusiasm and assertion in response to suggestions, opinions when response suggestions, opinion
- m. no factual comment if normal or enthusiastic
- n. command - assertive

RC Requests for Commitment
- a. overt for wishes or opinion
- b. for giving preference

c. invitation to participate
d. questions that ask permission
e. ask explain motives or elaborate personal choice
f. to "pin down" person
g. third time ask question for information
h. * score I and RC when contain both spontaneous commitment and request of another

RC-1 Commitment in Response to Request for Commitment
a. *by person to whom directed to who requested
b. when make direct commitment when asked (conventional yes's and no's

RC-2 Avoidance of Commitment in Response to Request
a. direct - "I don't know"
b. partial/disqualified "I guess", "yeah" (flat)
c. innane remarks
d. contextual disqualification (out to lunch)
e. shifting question back

NA
a. non applicable
b. general statements or questions with matter of fact information type transaction
c. statements and description of facts
d. statements or reports past events
e. person's name to get attention or into conversation
f. speeches with others' wishes, opinions, suggestions
g. yes if response to I and normal or low tone
h. no when doubtful in response to I
i. facilitating comments
j. questions for information, past events or rhetorical

NS

- a. too fast, too soft
- b. interrupt fragments without intent
- c. laughter

Intensity Scale

General Information

- --if 3 in a row with borderline rule to back and rescore at least one in direction
- --tantalizing comments
- --usually lower intensity: normal (3)
- --if change within speech: attend to end
- --relative amount affect
- --tape plus transcript
- --verbal plus tonal
- --score each speech in relation to general baseline
- --emotional intensity not loudness
- --baseline -- normal families plus normal for this family plus normal for individual
- --doubt: score 3;
- --undecided if 4 or 5: score 4; undecided if 1 or 2: score 2

Scoring Categories

1 -- very low: flat, bland, unusually low amount of feeling

2 -- slightly low - slightly flat or subdued

3 -- normal: normal conversational tone

4 -- slightly high: slightly intense empathic quality

5 -- very high: very intense, highly cathected, empthic, strong

NS -- not enough data to judge

Relationship Scale

General Information

- --friendliness
- --tape plus transcript
- --verbal plus tonal - sum content (friendliness of words plus tone
- --scored in relation to whom it is addressed
- --own response - do not score intent
- --if 1 or 2 words have strong affect, score

Positive
- --praise, encouragement of another
- --direct comment on speaker's positive feelings
- --offers of suggestions or opinions in supportive tone
- --generous answers to questions
- --invitation to another
- --evaluative comments
- --friendly laughter

Negative
- --direct attack, slightly to strongly hostile
- --complaints, negative
- --questioning motives and opinions
- --sarcasm
- --attack suggestion, in vicious tone
- --attack person
- --impatience
- --exclamations, disapproval
- --defense responses

Neutral
- --3 neither friendly nor attacking (most)

NS
- --too short, too soft

If question whether 2-3, score 3
If question whether 4-5, score 4
If question whether 2-1, score 2

APPENDIX C

Consent Form

Appendix C: Consent Form

We, the undersigned, are aware of and consent to participate in the research project designed to investigate family counselling at the Family Counselling Service, Mental Health Division, Edmonton Local Board of Health. This research will involve the making of videotape and audiotape recordings of family interaction and family counselling sessions. Family members will fill out questionnaires prior to the first counselling session and at the end of each counselling session. The information gained from all of these sources will be used to determine what is helpful about family counselling.

Jane Sterk,
Researcher,
Consultant Psychologist,
Mental Health Division

(Signature of Mother)

(Signature of Father)

Date

APPENDIX D

Bene Anthony Family Relations Test

Appendix D: The Bene Anthony Family Relations Test

IV. THE TEST ITEMS

1. Form for Young Children.

(.. stands for the name by which the child is usually called.)

Positive Feelings Coming from Child.

00. N..thinks you are nice. Who is nice?
01. N..loves you. Whom does . N..love?
02. N..likes to play in your bed. In whose bed does N..like to play?
03. N..likes to give you a kiss. Whom does N..like to kiss?
04. N..likes to sit on your lap. On whose lap does N..like to sit?
05. N..likes to be your little boy (girl). Whose little boy (girl) is N..?
06. N..likes to play with you. Whom does N..like to play with?
07. N..likes to go for walks with you. Who should take N..for walks?

Negative Feelings Coming from Child.

10. N..thinks you are naughty. Who is naughty?
11. N..doesn't like you. Who is it that N..doesn't like?
12. N..thinks you are bad. Who is bad?
13. N..would like to spank you. Whom would N..like to spank?
14. N..wants you to go away. Whom would N..send away?
15. N..hates you. Who is it that N..hates?
16. N..thinks you are nasty. Who is nasty?
17. You make N..cross. Who makes N..cross?

Positive Feelings Going Towards Child.

20. You like to play with N.. Who likes to play with N..?
21. You like to kiss N.. Who likes to kiss N..?
22. You smile at N.. Who smiles at N..?
23. You make N..feel happy. Who makes N..feel happy?
24. You like to hug N.. Who likes to give N..a hug?
25. You love N.. Who loves N..?
26. You are nice to N.. Who is nice to N..?
27. You think N..is a nice little boy (girl). Who thinks that N..is a nice little boy (girl)?

Negative Feelings Going Towards the Child.

30. You smack N.. Who smacks N..?

31. You make N..sad. Who makes N..sad?
32. You scold N.. Who scolds N..?
33. You make N..cry. Who makes N..cry?
34. You get cross with N.. Who gets cross with N..?
35. You say N..is naughty. Who says N..is a bad boy (girl)?
36. You say N..is a bad boy (girl). Who says N..is a bad boy (girl)?
37. You don't like N.. Who doesn't like N..?

Dependence

40. N..wants you to tuck him (her) into bed at night. Who should tuck N..in at night?
41. N..wants you to give him (her) his (her) dinner. Who should give N..his (her) dinner?
42. N..wants you to help him (her) with his (her) bath. Who should help N ..with his (her) bath?
43. N..likes to come to you when he (she) has hurt himself (herself). Who is it N..wants when he (she) has hurt himself (herself)?
44. N..wants you to mend his (her) toys when they are broken. Who should mend N..'s toys when they are broken?
45. N..wants you to help him (her) get dressed in the morning. Who should help N..get dressed in the morning?
46. N..likes you to be with him (her) when he (she) is not feeling well. Who is it N..wants when he (she) is not well?
47. N..wants you to come when he (she) is frightened. Who is it N..wants to come when he (she) is frightened?

2. Form for Older Children

Mild Positive (Affectionate) Feelings Coming From Child.

00. This person in the family is very nice.
01. This person in the family is very jolly.
02. This person in the family always helps the others.
03. This person in the family has the nicest ways.
04. This person in the family never lets you down.
05. This person in the family is lots of fun.
06. This person in the family deserves a nice present.
07. This person in the family is a good sport.
08. This person in the family is very nice to play with.
09. This person in the family is very kind-hearted.

Strong Positive (Sexualised) Feelings Coming From Child.

10. I like to cuddle this person in the family.
11. I like to be kissed by this person in the family.
12. I sometimes wish I could sleep in the same bed with this person in the family.

13. I wish I could keep this person near me always.
14. I wish this person in the family would care for me more than for anybody else.
15. When I get married I want to marry somebody who is just like this person in the family.
16. I like this person in the family to tickle me.
17. I like to hug this person in the family.

Mild Negative Feelings Coming From the Child.

20. This person in the family is sometimes a bit too fussy.
21. This person in the family nags sometimes.
22. This person in the family sometimes spoils other people's fun.
23. This person in the family is sometimes quick-tempered.
24. This person in the family is sometimes bad-tempered.
25. This person in the family sometimes complains too much.
26. This person in the family is sometimes annoyed without good reason.
27. This person in the family sometimes grumbles too much.
28. This person in the family is sometimes not very patient.
29. This person in the family sometimes gets too angry.

Strong Negative (Hostile) Feelings Coming from the Child.

30. Sometimes I would like to kill this person in the family.
31. Sometimes I wish this person in the family would go away.
32. Sometimes I hate this person in the family.
33. Sometimes I feel like hitting this person in the family.
34. Sometimes I think I would be happier if this person was not in our family.
35. Sometimes I am fed-up with this person in the family.
36. Sometimes I want to do things just to annoy this person in the family.
37. This person in the family can make me feel very angry.

Mild Positive (Affectionate) Feelings Going Toward Child

40. This person in the family is kind to me.
41. This person in the family is very nice to me.
42. This person in the family likes me very much.
43. This person in the family pays attention to me.
44. This person in the family likes to help me.
45. This person in the family likes to play with me.
46. This person in the family really understands me.
47. This person in the family listens to what I have to say.

Strong Positive (Sexualised) Feelings Going Towards the Child.

50. This person in the family likes to kiss me.
51. This person in the family likes to hug me.
52. This person in the family likes to cuddle me.
53. This person in the family likes to help me with my bath.
54. This person in the family likes to tickle me.
55. This person in the family likes to be in bed with me.
56. This person in the family always wants to be with me.
57. This person in the family cares more for me than for anybody else.

Mild Negative Feelings Towards the Child.

60. This person in the family sometimes frowns at me.
61. This person in the family likes to tease me.
62. This person in the family sometimes tells me off.
63. This person in the family won't play with me when I like it.
64. This person in the family won't always help me when I am in trouble.
65. This person in the family sometimes nags at me.
66. This person in the family sometimes gets angry with me.
67. This person in the family is too busy to have time for me.

Strong Negative (Hostile) Feelings Going Toward the Child

70. This person in the family hits me a lot.
71. This person in the family punishes me too often.
72. This person in the family makes me feel silly.
73. This person in the family makes me feel afraid.
74. This person in the family is mean to me.
75. This person in the family makes me feel unhappy.
76. This person in the family is always complaining about me.
77. This person in the family does not love me enough.

Maternal Over-Protection

80. Mother worries that this person in the family might catch cold.
81. Mother worries that this person in the family might get ill.
82. Mother worries that this person in the family might get run over.
83. Mother worries that this person in the family might get hurt.
84. Mother worries that something might happen to this person in the family.
85. Mother is afraid to let this person in the family run about too much.
86. Mother is afraid to let this person in the family play with rough children.

87. Mother worries that this person in the family doesn't eat enough.

Paternal Over-Indulgence

90. This is the person in the family father makes too big a fuss about.
91. This is the person in the family father pays too much attention to.
92. This is the person in the family father spoils too much.
93. This is the person in the family father spends too much time with.
94. This is the person in the family father likes best.

Maternal Over-Indulgence

95. This is the person in the family mother makes too big a fuss about.
96. This is the person in the family mother pays too much attention to.
97. This is the person in the family mother spoils too much.
98. This is the person in the family mother spends too much time with.
99. This is the person in the family mother likes best.

The items that express positive and negative feelings coming from the child are most likely to be used not only in reference to other people but also in reference to the self. For this reason these two areas contain more items than do the others.

APPENDIX E

Family Background

Appendix E: Family Background

Please fill in the following information.

Personal Background

1. Husband's Age_____
2. Wife's Age _____

3. Husband	Wife	EDUCATION LEVEL
_____	_____	Grade IX or less
_____	_____	some high school
_____	_____	high school graduate
_____	_____	some college technical school or university
_____	_____	completed college technical school or university
_____	_____	graduate school

4. OCCUPATION

Is husband employed?
yes_____ no_____
If yes, what is his job?

Is wife employed?
yes_____ no_____
If yes, what is her job?

5. FAMILY INCOME LEVEL
(Combined income of spouses)

_____ less than $10,000
_____ $10,000 to $20,000
_____ $20,000 to $30,000
_____ $30,000 to $50,000
_____ more than $50,000

6. MARITAL STATUS

_____ first marriage
_____ second or more marriage

7. AGE AND SEX OF CHILDREN

Age	Sex
____	____
____	____
____	____
____	____
____	____
____	____

8. RELIGIOUS PREFERENCE

____ Protestant
____ Roman Catholic
____ Jewish
____ Other (specify):
____

9. ETHNIC BACKGROUND

____ Anglo-Saxon
____ German
____ Ukranian
____ Other (specify):
____

Counselling Background

10. Has anyone in the family ever had counselling before?

yes____ no____

If yes:

a) Who:____________________

b) How long was he/she in counselling?

____months

c) On the average, how many times a month did he/she meet his/her counsellor?

____sessions per month

d) What kind of counselling did he/she have?

individual__________

marital__________

family__________

______________________________Identification Number

______________________________Today's Date

APPENDIX F

Therapist Interview

Appendix F: Therapist Interview

1. What are your feelings, thoughts, reactions, comments re: your participation in this project?
2. How would you describe in general the way you work with families? What is your orientation? What particular techniques do you use?
3. What kinds of issues would be presented in family therapy?
4. What kind of limits do you set on behavior in the therapy room?
5. Who do you include in family therapy?
6. How do you handle one member being labelled the I.P.?
7. How do you conceptualize health and illness when working with a family?
8. What circumstances were associated with your interest in or your decision to do family therapy?
9. What previous work/therapy influenced you to do family therapy?
10. Who, in order of importance, offered theories of families that influence your work?
11. Do you plan to continue to do family therapy or do you see it as a temporary phase in your career?
12. Why do families come to family therapy?
12. What determines "success" in family therapy?
12. To what extent is symptom change important in your work? Do you distinguish between symptom change and

growth?

BACKGROUND

__________Profession

__________Highest Degree Held

__________Years of Experience as a therapist

__________Years of Experience as a family therapist

__________Have you had personal therapy?

__________Have you had family therapy?

__________Age

__________Marital Status

__________Children?

__________Religion

__________Ethnic Background

Specific to each family:

1. Describe the outcome? process?
2. What would you imagine the family gained from family therapy?
3. What do you think the family might report having gained?
4. What effect do you think being part of the research project had on this family?
5. Any other information that you feel is important in this case?

APPENDIX G

Family Interview

Appendix G: Family Interview

Asked of all family members:

1. How did you find family counselling? Any general impressions or comments?
2. Do you feel that coming for counselling helped your family? If so, in what way?
3. Were there things that the counsellor did that you found particularly helpful?
4. If you had a friend whose family was experiencing difficulty, would you suggest family counselling at the Family Counselling Service?
5. If your family were to experience problems in the future, would you consider coming for counselling again?

APPENDIX H

Client Counselling Session Report

Appendix H: Client Counselling Session Report

Please complete this questionnaire individually, i.e. do not consult with your spouse (husband, wife). This research is attempting to find out what you find helpful about family counselling. Because each Of us is unique, how you see things may differ from how others do. Therefore, getting your own viewpoint is very important.

After you have completed this questionnaire once or twice, you will find that it will take only a small amount of your time.

On the line below place an X, indicating how you feel about the session you have just completed.

_____/	_____/	_____/	_____/	_____/	_____
Exc.	Very Good	Good	Ade-quate	Poor	Very Poor

On the lines below, list briefly 4 or 5 things you talked about in this session.

(a) ____

(b) ____

(c) ____

(d) ____

(e) ____

For those things listed above, put a star (*) beside the ones that you feel were of particular importance.

On the lines below, list any things that you had planned or wanted to talk about but didn't.

____

____

____

For the reamainder of this questionnaire, you are asked to place an X showing the extent to which each statement fits how you see the counselling session you just completed.

For example, a statement might read:

> To what extent do you feel that what was talked about in this session was helpful to your understanding the

problems in your family?

This statement would be followed by the line below:

_____/_____/_____/_____/_____
To a large   Not at
extent   all

If you felt that what was discussed was helpful, you would put an X toward that end of the line.

__X__/_____/_____/_____/_____
To a large   Not at
extent   all

If, on the other hand, what was talked about was not helpful to you, put an X toward the other end.

_____/_____/_____/_____/__X__
To a large   Not at
extent   all

If the session was somewhere in between the two ends, place an X to show how you would rate the helpfulness of the session. The mid point of the scale:

_____/_____/__X__/_____/_____
To a large   Not at
extent   all

would indicate that what was talked about was neither helpful nor unhelpful.

2. How clearly did you know how you were feeling during this session?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent did you feel that you could express openly all of the things you were feeling?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent did you show and talk about your real feelings?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent do you feel that other family members understood how you were feeling?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent do you think other family members felt able to express their feelings openly?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent do you think family members actually expressed how they were really feeling?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent do you feel you understood how other family members were feeling?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent were you feeling warm and close to other family members in this session?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. How clearly did you know what you wanted to talk about in this session?

_____/_____/_____/_____/_____
Very Clearly — Not clearly

2. To what extent did you talk about what you wanted to in this session?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent do you feel other family members understood what you said and did during this session?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent do you feel you understood what other family members said and did?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent did you feel support from your wife or husband during this session?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent did you feel understood by your wife or husband during this session?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent did you feel like the leader of the family?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent did you feel that your husband or wife shared the leadership with you?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent were you and the family able to work a problem through from the beginning?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. In the problem or problems you talked about during this session, to what extent do you feel your position was heard and used in the solution?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent were you able to solve problems in this session so that you feel you got what you wanted?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent did you find yourself explaining what another family member was trying to say?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent did other family members explain what you were trying to say?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. To what extent did you feel interrupted when you were trying to talk about something really important to you?

_____/_____/_____/_____/_____
To a large extent   Not at all

2. How often did you feel that someone changed the topic to something that was less important or inappropriate to what was already being talked about?

_____/_____/_____/_____/_____
Often   Not Often

2. To what extent were you and your family able to settle conflict which occurred in the session?

_____/_____/_____/_____/_____
To a large   Not at
extent   all

2. How much unresolved conflict (strong disagreement over an issue or issues that seems to come up continually) do you think there is in your family?

_____/_____/_____/_____/_____
Very Little   A Great Deal

2. To what extent do you feel this unresolved conflict is getting in the way of your family functioning the way you want it to?

_____/_____/_____/_____/_____
To a large   Not at
extent   all

2. To what extent do you feel you took a stand on issues or things of importance?

_____/_____/_____/_____/_____
To a large   Not at
extent   all

2. To what extent do you feel you clearly and strongly stated what you wanted for yourself?

_____/_____/_____/_____/_____
To a large   Not at
extent   all

2. To what extent did other family members seem to agree with how you were seeing things?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent did the counsellor seem to understand how you were feeling?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent did the counsellor seem to understand what you were saying or doing?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent did you feel like the counsellor was supporting you?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent do you think that what the counsellor said and did in this session was helpful?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent do you feel you made progress toward solving problems for which you and your family are in family counselling?

_____/_____/_____/_____/_____
To a large extent — Not at all

2. To what extent are you looking forward to the next session?

_____/_____/_____/_____/_____
To a large extent — Not at all

APPENDIX I

Demographic Data on the Ten Families

Appendix I: Demographic Data on the Ten Families

Family 3A

Parents' Ages	Husband 31 Wife 30	
Education	Husband Wife	Some High School Some High School
Occupation	Husband Wife	Foreman, Oilfield Homemaker
Family Income Level	$20,000 to $30,000	
Marital Status	Second marriage for both spouses	
Sex and Ages of Children	Male, age 8	
Religion	Not Applicable	
Ethnic Background	Not Applicable	
Previous Counselling	None	

Family 4A

Parents' Ages	Husband 50 Wife 49	
Education	Husband	Graduate Degree
	Wife	Undergraduate Degree
Occupation	Husband	Chemist
	Wife	Homemaker
Family Income Level	$30,000 to $50,000	
Marital Status	First marriage for both spouses	
Sex and Ages of Children	Male, 24 Female, 22 Male, 18 Male, 16	
Religion	Protestant	
Ethnic Background	Husband	German
	Wife	"very mixed"
Previous Counselling	Marital	3 hrs
	Individual	1 hr (Son 1)
	Individual	2 yrs (Son 2)

Family 5A

Parents' Ages	Husband 37	
	Wife 36	
Education	Husband	Grade 9 or less
	Wife	High School Graduate
Occupation	Husband	Partsman
	Wife	Cashier
Family Income Level	$10,000 to $20,000	
Marital Status	First marriage for both spouses	
Sex and Ages of Children	Female, 17 Male, 15 Male, 12 Female, 7 Male, 5	
Religion	Protestant	
Ethnic Background	Not Applicable	
Previous Counselling	None	

Family 7A

Parents' Ages	Husband 30 Wife 31	
Education	Husband	High School Grad. and completion of College, Technical School or University
	Wife	Some High School
Occupation	Husband	Swithboard Operator
	Wife	Sales Clerk
Family Income Level	$30,000 to $50,000	
Marital Status	First marriage for husband Second marriage for wife	
Sex and Ages of Children	Female, 8 Female, 7	
Religion	None	
Ethnic Background	Anglo-Saxon	
Previous Counselling	None	

Family 9A

Parents' Ages	Husband 38	
	Wife 32	
Education	Husband	High School Grad.
	Wife	Some High School
Occupation	Husband	Sales Manager
	Wife	Real Estate Salesperson
Family Income Level	$30,000 to $50,000	
Marital Status	Second marriage for both spouses	
Sex and Ages of Children	Male, 11	
	Male, 11	
	Female, 10	
Religion	Husband	Roman Catholic
	Wife	Protestant
Ethnic Background	Husband	Anglo Saxon
	Wife	German
Previous Counselling	8 sessions	

Family 10A

Parents' Ages	Husband 37	
	Wife 37	
Education	Husband	Some College, Technical School or University
	Wife	High School Grad.
Occupation	Husband	Management Develop. Officer
	Wife	Sales Cashier
Family Income Level	$30,000 to $50,000	
Marital Status	First marriage for both spouses	
Sex and Ages of Children	Male, 13	
	Female, 11	
Religion	Protestant	
Ethnic Background	Husband	German
	Wife	Ukranian
Previous Counselling	Family	3 sessions

Family 11A

Parents' Ages	Husband 38 Wife 39	
Education	Husband Wife	Grade 9 or less Grade 9 or less
Occupation	Husband Wife	Design Consultant Supervisor
Family Income Level	$30,000 to $50,000	
Marital Status	First marriage for both spouses	
Sex and Ages of Children	Male, 19 Female, 15 Female, 15	
Religion	Protestant	
Ethnic Background	Ukranian	
Previous Counselling	None	

Family 12A

Parents' Ages	Husband 44	
	Wife 35	
Education	Husband	Completed Technical School
	Wife	High School Grad.
Occupation	Husband	Bricklayer
	Wife	Laborer
Family Income Level	more than $50,000	
Marital Status	First marriage for both spouses	
Sex and Ages of Children	Female, 15	
	Female, 11	
Religion	Roman Catholic	
Ethnic Background	Ukranian	
Previous Counselling	Individual	4 sessions (Daughter 2)

Family 13A

Parents' Ages	Husband 33 Wife 32	
Education	Husband	Some High School
	Wife	Completed College, Technical School or University
Occupation	Husband	Bricklayer
	Wife	Clerk
Family Income Level	$30,000 to $50,000	
Marital Status	First marriage for both spouses	
Sex and Ages of Children	Female, 11 Male, 10 Male, 10	
Religion	Protestant	
Ethnic Background	Anglo-Saxon	
Previous Counselling	Individual	1 year (Son 1) 48 sessions

Family 14A

Parents' Ages	Husband 50 Wife 49	
Education	Husband	Some High School
	Wife	Some College, Technical School or University
Occupation	Husband	Maintenance
	Wife	Postal Clerk
Family Income Level	$30,000 to $50,000	
Marital Status	First Marriage, Both Spouses	
Sex and Ages of Children	Son, 16 Son, 14 Daughter, 10	
Religion	Roman Catholic	
Ethnic Background	Father	Italian
	Mother	Anglo-Saxon
Previous Counselling	None	

APPENDIX J

Sample Observer Summary of Counselling Session

Appendix J: Sample Observer Summary of Counselling Session

Family 7AC, Session No. 3, June 1, 1981

There was an initial period of time where the therapist went and got the children some toys. The therapist then proceeded in checking out how things had been since that last session with the specific reference being around D2, who the parents are concerened about because of her babyish behavior. Both parents indicated that they felt there was an improvement in her behavior and the mother indicated that this was by her not clinging so much and being more her own person. They then moved on to discussing the two children fighting. The therapist talked initially with the children as to whether or not the fights were ordinary sister fights or whether they were mean fights. The children indicated they were ordinary sister fights and the therapist then proceeded to ask whether or not their parents stayed out of them. The children said the parents sometimes stayed out of them and the therapist reinforced with the children that they had a sense they could handle the fights without their parents' interference. The mother indicated she could stay out of the fights to a point, but after a time when it got annoying for her she would interfere. The mother indicated that she would not listen to the children talking and it was generally just the noise that got her involved. The therapist checked this out with the children and they agreed that their mother did not listen to talking. The therapist then questioned whether or not the father listened to the talking, at which point, the father interjected that when he was with the girls, they just played together--the three of them--and that it wasn't as much a parent-child relationship. The father then proceeded to check out this sense with the children to see whether or not they agreed. The therapist then asked if there had been any reports from the school about D2's behavior--to see whether or not there had been any change from that side. The parents said no. The therapist then checked with D2 about school and she said that things seemed to be going better. The therapist then checked with D1 and she agreed that she was going more to her parents and also agreed with the therapist that this was hard work and that sometimes she was scared. She then said that her nightmares had disappeared. The father then checked with D2 to see if she had bad dreams. The therapist then proceeded to check with D1 as to whether or not she was still crying herself to sleep, to which she replied no. D2, however indicated that she cried sometimes when she was awake--the therapist questioned D2 about what happened when she was crying when she woke up and whether or not she needed a cuddle from her mom at that point in time. D2 and D1 indicated that what happened was that D2 often crawled into bed with D1, The therapist said that she didn't think it was fair to D1 to feel like she had to be D2's mom and suggested that the next time it happened, what D1 could do was to take D2 by the hand and take her to her mom's bedroom to show D2 that her mom could comfort her instead of D1 having to comfort her. The therapist asked D2 if it was when she woke up that she also was also wetting her bed and D2 said no. The therapist then generally asked how the bedwetting was going and whether she was still having accidents, to which D2 replied yes. Both the mother and father, at this point, said that they thought it was a lot better and that there had only been one incident of bedwetting in the past week. The therapist asked D2 if she thought it was better and she said that no it wasn't much better. The therapist then commented on the picture that D2 was drawing and the mother joined into this. The therapist then proceeded to ask the mother how she was handling the anger between herself and the father. The mother responded by describing an incident at work when she had felt angry with the customer and had decided that it wasn't worthwhile getting angry because of the result of that incident. The therapist paraphrased this to mean that there were left-over bad feelings when they had finished fighting. As an aside at this point, the therapist reinforced D2 for talking in a grown up voice. The therapist then took it back to her question about how the parents were handling the anger between the two of them. The father indicated that he did have difficulty not knowing how to let people know he was angry, apart from just saying he felt angry. The therapist again refocussed the question to how the two of them had handled anger between the two of them and the mother at this point had a difficult time trying to identify the time when she was last angry with her husband. One of the children then said yesterday and they proceeded to talk about an incident the previous day where the mother had been angry with the children. This incident had ended up with the father spanking the girls for taking clothes out of an old dresser. Then the therapist commented on how this was teaching the children that they could not get angry at their mom and dad, because their mom and dad would then punish them. Both parents indicated that after the incident they had felt sorry and they had explained to the kids that they felt sorry and told them that they loved them. The therapist checked with the children to see whether or not they felt the dad was sorry and they indicated that they weren't sure. The therapist asked if they had checked it out with their dad and they said no. The therapist then got from the girls that it was their sense that D2 got spanked more than D1 and that she got spanked harder. They also clarified that most of the spankings came from the dad. The therapist checked to see if the mother was involved in much of the spanking and the kids indicated that she wasn't. The therapist then asked the girls whether they'd like a rule that there should be no spanking to which they both were quite excited. The therapist commented it was kind of hard to grow up when you're spanked. The therapist then proceeded to check with the parents about whether they wanted to spank their kids and they both indicated that by the time they spanked their kids, it felt like there was no other way to deal with what was going on, that either the children had been told many times to stop or that it was a case of the children deliberately disobeying them. The therapist, at this point, pushed to see whether the parents took the time to sort out what was going on with the kids and to hear their side of the story before they would react with a spanking. Both the mother and the father indicated that it was usually the reaction first that they were so angry that they would spank and then they might check on what was going on with the kids. The therapist talked about the importance of the child being able to have a difference of opinion and that sometimes the spanking prevented that. The therapist then proceeded to check with the kids what they were thinking about, the specific incident that had happened the previous day, and to check whether the parents had checked with them before they spanked them. The girls indicated what they were thinking and that they were thinking and that they had been spanked and then told to clean up the mess that they'd made. The therapist checked with the parents to see whether they were feeling okay about the way they'd handled the incident and they both said yes. At this point, the therapist made a caution that they have to be careful with their anger and the use of spankings because that often led to children feeling powerless and that could eventually lead to children not talking to their parents about what was potentially a difference of opinion. She suggested that they need to check in with the kids and listen to the kids too, and then decide on an appropriate method of handling any misbehavior. The mother indicated that if they reacted in this way, the kids would never get a spanking--because they only got spanked in anger. The therapist commented that that was the worst time for children to be spanked. The session was interrupted briefly as one of the girls wanted to go and get some toys and the therapist asked for a hug before she went. The child didn't know whether she should hug the therapist, checked with her dad and giggled and displayed her embarrassment and proceeded to give the therapist a hug with her dad's permission. The therapist then checked with the father to see if he had the same reaction that he only spanked when he was in a temper and he indicated that he had to be really angry to spank. The therapist then asked the parents to use each other at the times when they felt so angry that they wanted to spank, if they could check with each other and find ways to help each other so they didn't automatically spank the children. They then explored some times when both of them had been able to do this with each other. The therapist then explored how the kids expressed anger and the mother indicated that D2 tended to clam up when she was angry--the therapist commented on the danger to kids pulling inside when they're angry, and the need to give kids a chance to respond in anger. The father indicated that this typically didn't happen until after the children had been spanked. The therapist then checked to see if the children remembered their parents checking in and the children indicated it was more the parents who had a say when they break the rules. The mother said there had been a change recently also in D1's behavior, that before she would show her temper and that presently she would pull in and not show her temper as much. The father indicated that the same child, when she wasn't overly angry, would argue back but when she got to be really angry, that she would clam up. The therapist again talked about the importance of kids learning how to express anger and that spanking often taught kids to pull inside and the result could be a depression kind of response. She said that the parents needed to help channel the anger to teach the children to talk about angry feelings. The mother then indicated that she had gone in and talked to the children after the father had spanked them the previous day and told them about their daddy not being mean and checked in with their feelings. The therapist talked about how the real proof of this might have been better understood if the dad had gone in, as opposed to the mom. She also acknowledged that one way to teach the children was to apologize when you felt that you had over-reacted and that an alternative might have been to talk to the children before spanking. The parents responded by saying that maybe they could help each other in the future. The therapist proceeded to bring the session back to again questioning the parents on how they expressed anger with each other. Again, the mother couldn't remember a time when she had been angry.

The father could remember a time most recently at the zoo. His response had been to clam up and the mother at this point knew that he was angry. The mother then remembered the last time she had been angry where she had literally hit the wall and left a dent in it, the therapist paraphrased this to mean that by the time she got angry, it had stored up so much that it was almost like an explosion. The mother agreed that that seemed to be what was happening except she disagreed with the therapist's statement that she didn't get angry at the little things. She indicated that in her previous marriage, she seemed to be angry all the time and she argued and that that hadn't worked. She also commented that she didn't like the after effects of anger, to which the therapist replied that it seemed she didn't have a constructive way to deal with anger and hadn't learned that anger could be constructive. The mother replied that this was true. The therapist checked to see if this was the same for the father and he indicated it was. The therapist then described how, if he dealt with the little things, that they could be dealt with rationally so that you didn't have to have kind of explosive anger. This description did not fit with the mother's view of anger and that her view was that they became intense when they were shoved in too long. The mother indicated that she had some fear of letting anger feelings out all the time because she felt they might come out constantly. The therapist paraphrased this that there was either the constant nagging or the sudden explosions.

The therapist said that if there was constant nagging, she believed that the real important issues were not being dealt with and that the anger was related to that. The mother indicated that she didn't know if she would be able to get to the real issues with the therapist agreeing that maybe she would need some help with that. The mother reacted to the therapist's use of the word 'fight' between the parents, saying that she didn't want it to be a fight. The therapist then went back to talking about the danger of not having a way of letting out your anger, particularly the anger of the father and the result of it being taken out on the children. She again cautioned that this can lead to fear in children and talked about the need of having a mechanism for expressing their angry feelings between each other. The mother expressed fear that the father couldn't talk about his feelings because he had difficulty talking about his feelings growing up as a child. At this point in the session, one of the children was apparently having trouble with something she was making with the toys and the parents went to aid the children. The therapist asked the child how she got people to help her and suggested that what she might do is to tell them that she needed help. The therapist went back to asking the father about how much he talked about his early childhood and he responded none and the mom responded very little. The therapist indicated that it may not be important that he talk about these early childhood experiences unless they were affecting what was happening at present. The mother said that she felt that they did have a part in the father's reaction to the children. The father, at this point, talked a bit about how his dad was a great parent and his stepmother had hit him. The therapist commented that it sounded like he had a mixture of the two. He agreed and talked about his fear that he might be like his stepmother. The therapist then talked about how he was not like his stepmother and then went into a discussion about how their children would also learn from the two of them being parents and that the exciting part of this was that the children could change too, and that this was true for both of them--that there might be things that they didn't like about the way they were as parents and that they could change these things.

Comment: Some general observations about the behavior of the therapist. First, the therapist would get some information from the parents about how they were seeing the situation and then she would check this information out with the children to see if they had the same understanding of what was going on. At times the children did have the same understanding and at times it was slightly different. There were also points in the session where the parents did this as well; in other words, they checked out whether the children's understanding was similar to their own. Second, the therapist seemed to be acting as a teacher and in my perception, used the children to back up some of the things she was trying to teach. She was particularly instructive around the issue of spanking children and how this typically shuts kids down and used the kids at this point to support that they could work things out themselves, that they could share with their parents what was going on with them and be a part of the decision making around how things should be handled. She also was instructive around the need to express angry feelings, both to teach the children how to handle angry feelings and not to be afraid of them and to have a way of being angry with each other that didn't feel destructive. Third, the therapist seemed to follow clearly a train of or a plan of action. She was clearly wanting her question about the way that the parents handled anger between the two of them to be addressed: She raised the question three times in the session. Each time the parents quickly moved to talking about their anger with their children. The therapist pointed out the inherent difficulties for the children to learn a healthy way of handling anger. She also used these diversions to talk about the importance of having a mechanism of being angry with each other, so that the children did not become the recipients of the anger that was between the two of them. A couple of times the result of this was the parents getting some insight into how they could first of all help each other talk about things without taking it out on the kids and helping each other deal with anger between the two of them before it got to be big and scary. Fourth, the therapist clearly, in a lot of her statements, implied that the parents could change--that they can do things differently and that they will find that there is a different result from the changes that they make. Fifth, the therapist seemed to both confront the parents about issues as well as support them when they talked about how they handled specific examples that were similar in nature to what the therapist was suggesting. As a summary statement, I would say that this session dealt mainly with how the parents handle angry feelings between the two of them. In addressing this issue, there was a great deal of talk about how the anger spilled over to the children. There was some instruction about the impact of this on the children's learning about angry feelings. In addition, the therapist cautioned that the children would not find healthy ways of handling their own anger orthat towards their parents.